

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441



November 2, 2021

Ms. Cindy Murdaugh, Executive Director
Mountain-Valley Emergency Medical Services Agency
1101 Standiford Avenue, Suite D1
Modesto, CA 95350

Dear Ms. Murdaugh:

This letter is in response to Mountain-Valley Emergency Medical Services (EMS) Agency's 2019 EMS plan submission to the EMS Authority on May 4, 2021.

The EMS Authority has reviewed the EMS plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on transportation documentation provided, please find enclosed the ground exclusive operating areas status, as compiled by the EMS Authority.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before November 2, 2022. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink, appearing to read 'DD'.

Dave Duncan, MD
Director

Enclosure

dd:lg

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EMERGENCY MEDICAL SERVICES AUTHORITY

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(916) 322-4336 FAX (916) 322-1441



September 22, 2020

Mr. Lance Doyle, Emergency Medical Services Executive Director
Mountain-Valley Emergency Medical Services Agency
1101 Standiford Avenue, #D1
Modesto, CA 95350

Dear Mr. Doyle:

This letter is in response to Mountain-Valley Emergency Medical Services Agency's emergency medical services (EMS) plan submission to the EMS Authority on June 24, 2020. The EMS Authority has reviewed the plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103, and is approved for implementation pursuant to HSC § 1797.105(b).

Based on the documentation provided, the EMS Authority has compiled a list of your Emergency Ambulance Zone areas within your jurisdiction and has enclosed for reference.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before September 22, 2021. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Dave Duncan'.

Dave Duncan, MD
Director

Enclosure

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2018 EMS Annual Plan Update

June 18, 2020



Executive Summary

The Mountain-Valley EMS Agency (MVEMSA) is a regional multi-county Joint Powers Authority (JPA) that serves as the Local EMS Agency (LEMSA) for the counties of Alpine, Amador, Calaveras, Mariposa and Stanislaus. The member counties have delegated all California Health and Safety Code, Division 2.5 and California Code of Regulations responsibilities for a LEMSA to MVEMSA.

The Governing Board of Directors for the JPA consists of a County Supervisor from each of the member counties. The EMS system in these counties have been developed through a partnership between the EMS Agency, 9-1-1 Public Services Answering Points (PSAPS), EMS dispatch centers, Basic Life Support (BLS) Fire Department First Responders, Advanced Life Support (ALS) Fire Department First Responders, ambulance providers, base hospitals and specialty centers.

The five counties encompass an area of some 5,300 square miles with a resident population of approximately 632,161 people. The region ranges from remote wilderness areas to large urban population centers. Extremes of weather are characteristic of the region, which encompasses the Sierra Nevada Mountain range as well as the heart of the San Joaquin Valley. Highway 99, runs through Stanislaus County from the Merced County border to the San Joaquin County border and Interstate 5 touches the western portion of Stanislaus County. Interstate 5 and Highway 99 are highly traveled freeways that run north and south through the county. Some of the areas are densely populated and others are fairly remote with less population. Highway 49 runs through Alpine, Amador, Calaveras and Mariposa Counties. Highway 88 also traverses through Amador and Alpine Counties through farmlands to wilderness areas.

The mission of the Mountain-Valley EMS Agency is to ensure the appropriate provision of quality pre-hospital care services to the public in a cost effective manner as an integrated part of the overall health care

system and to provide the framework for quality emergency medical services to the citizens of Alpine, Amador, Calaveras, Mariposa, and Stanislaus Counties.

MVEMSA, to date, has designated two (2) Level II Trauma Centers, which are located in Stanislaus County, three (3) STEMI Receiving Centers and three (3) Primary Stroke Centers. MVEMSA conducts quarterly Trauma Advisory Committees (TAC) and quarterly STEMI/Stroke QI meetings for all system participants. An objective for the Agency, as presented in the System Assessment Form, is to designate a Level III/IV Trauma Center in one of our Mountain Counties.

Approval of CE Programs and EMT Training Programs continue throughout the region along with renewals of the programs every four years. MVEMSA is conducting audits of the approved CE Provider Programs throughout the region. Our providers are currently submitting ePCR data to FirstWatch as it complies with the EMSA statewide data system.

The Agency has worked closely with the EMS providers to integrate electronic patient care reporting (ePCR) with FirstWatch/FirstPass systems. The prehospital transport agencies utilize proprietary ePCR systems which are compliant to the required CEMSIS/NEMSIS versions, and has permitted a more complete submittal of Core Measures data.

The Agency works with all EMS ambulance and fire providers to conduct numerous community education programs and events throughout the year. Through the community education program we facilitated teaching 14,937 citizens hands-only CPR over the past 4 years; including schools, community organizations and a booth at the Stanislaus County Fair. In addition, providers have become active in the Stop the Bleed program in partnership with the 2 Trauma Centers in Stanislaus County. Lastly, the Agency and EMS providers participate in public awareness/education initiatives led by area hospitals including cardiac and trauma symposiums, Every 15 Minutes and Drug Store programs.

The Agency is working with member counties to complete the inventory of resources and hospital evacuation requirements listed in the System Assessment.

The MVEMSA Executive Director is the MHOAC designee in all 5 member counties secondary to each County Health Officer with county-specific policies to support this function. In addition, MVEMSA provides 24/7/365 EMS Duty Officer coverage to all 5 member counties, also supported by policy. The MVEMSA MHOAC designee and disaster committee actively work with all member counties to implement the 17 functions of CA Health and Safety Code, Division 2.3, Section 1797.153.

The Agency worked in cooperation with the Stanislaus County Health & Human Services Agency to conduct an EMS system assessment and strategic plan. This plan will guide the design of the EMS system in Stanislaus County into the future.

Specifics of the Mountain-Valley EMS Agency EMS Plan are contained within the annual EMS Plan update.

The System Assessment Forms to include current status, needs, objectives and time frames are essentially unchanged from the 2017 EMS Plan Update.



2018 EMS Plan Update

Table 1

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X	N/A		
1.02	LEMSA Mission		X	N/A		
1.03	Public Input		X	N/A		
1.04	Medical Director		X	X		
Planning Activities:						
1.05	System Plan		X	N/A		
1.06	Annual Plan Update		X	N/A		
1.07	Trauma Planning*		X			X
1.08	ALS Planning*		X	N/A		
1.09	Inventory of Resources	X		N/A		X
1.10	Special Populations		X	X		
1.11	System Participants		X	X		
Regulatory Activities:						
1.12	Review & Monitoring		X	N/A		
1.13	Coordination		X	N/A		
1.14	Policy & Procedures Manual		X	N/A		
1.15	Compliance w/Policies		X	N/A		
System Finances:						
1.16	Funding Mechanism		X	N/A		
Medical Direction:						
1.17	Medical Direction*		X	N/A		
1.18	QA/QI		X	X		
1.19	Policies, Procedures, Protocols		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X	N/A		
1.21	Determination of Death		X	N/A		
1.22	Reporting of Abuse		X	N/A		
1.23	Interfacility Transfer		X	N/A		
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X	N/A		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X	N/A		
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X	N/A		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X	N/A		
2.02	Approval of Training		X	N/A		
2.03	Personnel		X	N/A		
Dispatchers:						
2.04	Dispatch Training		X	X		
First Responders (non-transporting):						
2.05	First Responder Training		X	X		
2.06	Response		X	N/A		
2.07	Medical Control		X	N/A		
Transporting Personnel:						
2.08	EMT-I Training		X	X		
Hospital:						
2.09	CPR Training		X	N/A		
2.10	Advanced Life Support		X	X		
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X	N/A		
2.12	Early Defibrillation		X	N/A		
2.13	Base Hospital Personnel		X	N/A		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
Communications Equipment:						
3.01	Communication Plan*		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X	N/A		
3.04	Dispatch Center		X	N/A		
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X	N/A		
Public Access:						
3.07	9-1-1 Planning/ Coordination		X	X		
3.08	9-1-1 Public Education		X	N/A		
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X	N/A		
4.04	Prescheduled Responses		X	N/A		
4.05	Response Time*		X	N/A		
4.06	Staffing		X	N/A		
4.07	First Responder Agencies		X	N/A		
4.08	Medical & Rescue Aircraft*		X	N/A		
4.09	Air Dispatch Center		X	N/A		
4.10	Aircraft Availability*		X	N/A		
4.11	Specialty Vehicles*		X	X		
4.12	Disaster Response		X	N/A		
4.13	Intercounty Response*		X	X		
4.14	Incident Command System		X	N/A		
4.15	MCI Plans		X	N/A		
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	N/A		
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X	N/A		
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X	N/A		
4.20	"Grandfathering"		X	N/A		
4.21	Compliance		X	N/A		
4.22	Evaluation		X	N/A		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X	N/A		
5.03	Transfer Guidelines*		X	N/A		
5.04	Specialty Care Facilities*		X	N/A		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X	N/A		X
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X	N/A		
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X	N/A		
5.09	Public Input		X	N/A		
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X	N/A		
5.11	Emergency Departments		X	N/A		
5.12	Public Input		X	N/A		
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X	N/A		
5.14	Public Input		X	N/A		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X	N/A		
6.05	Data Management System*		X	X		
6.06	System Design Evaluation		X	N/A		
6.07	Provider Participation		X	N/A		
6.08	Reporting		X	N/A		
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	X		
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X	N/A		
6.11	Trauma Center Data		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*		X	N/A		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	N/A		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications*		X	N/A		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		X	X		
8.10	Mutual Aid Agreements*		X	N/A		
8.11	CCP Designation*		X	N/A		
8.12	Establishment of CCPs		X	N/A		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	N/A		
8.16	Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	N/A		
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	N/A		
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	N/A		

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less) OR Long Range (more than one year)	Progress	Objective
1.07	Trauma Planning	Yes	Long-Range	Communications started	Designate a LIII in Mountain Counties
				Communications started. The process is to work with the Health Care Coalition to identify the Resource Inventory of the HPP purchases. <u>Barriers -</u> Alpine County, there are no ALS resources and the system relies on out of county mutual aid. Mariposa , The first identified priority was the revision of the EOP. So the disaster inventory documentation is pending until revision of plans.	
			Long-Range	Alpine - The Agency will work with the Public Health Officer to catalog resources by 06/30/2021. Mariposa - The Agency reviewed and revised the Mass Casualty response section of the EOP. The final completion of the EOP revision is solely dependent on OES. Based on the Agency	
1.09	Inventory of Resources	No			Alpine & Mariposa – Completion of Resource Inventory by 06/30/2021

				review we will work with OES to catalog resources by 06/30/2021. The intent for the next Healthcare Coalition meetings is to determine if response activities will allow for resumption of resource catalog project development	
5.06	Hospital Evacuation	Yes	Long-Range	<p>The Stanislaus County Health Care Coalition has implemented the use of the ASPIR on-line evacuation tool as a needs assessment. An April 2018 table was completed with coalition stakeholders. The after-action report from the tabletop will be presented to the mountain county coalitions (Amador, Calaveras & Mariposa) as the first step in county specific plan development.</p> <p>Stanislaus County – the priority was to create a pediatric surge plan; this has been completed. Additionally, the ASPIR tool will be used at all five (5) acute care hospitals in Stanislaus county. We anticipate a period of three (3) years, 07/31/2022 to complete a comprehensive evacuation plan.</p> <p>MVEMSA has confirmed that all five (5) acute care hospitals have</p>	<p>Develop MVEMSA Interim Guidance in FY 20/21</p> <p>Develop MVEMSA Plan in FY 22/23</p>

**documented
evacuation plans.**

Stanislaus Healthcare
Emergency Preparedness
Coalition has created a
subgroup with MVEMSA
rep to review all hospital
evac plans in order to
develop recommendations
for a county-wide policy.

**Amador, Calaveras &
Mariposa Counties -**

The Coalition within each
county will review the
Stanislaus County
guidance to determine if
it is applicable for the
rural mountain counties.

**MVEMSA has
confirmed that all
acute care hospitals
have documented
evacuation plans.**

Review and revisions to
be completed by
12/31/2020.

Alpine County

N/A – no hospital.

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.01 LEMSA STRUCTURE

MINIMUM STANDARDS:

Each local EMS agency shall have a formal organization structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency is a regional five (5) county Joint Powers Authority (JPA) serving the counties of Alpine, Amador, Calaveras, Mariposa and Stanislaus. The Agency has a five (5) member JPA Governing Board of Directors consisting of a member of the Board of Supervisors from each participating county. The organization chart is included in this EMS Plan. There are seven (7) FTE staff that includes:

- Regional Executive Director (1 FTE)
- Deputy Director (1 FTE)
- Quality Improvement/Trauma Care Coordinator (1 FTE)
- Facilities/Disaster Coordinator (1 FTE)
- Administrative Assistant/Financial Services (1 FTE)
- Data/IT/Emergency Preparedness Coordinator (1 FTE)
- Administrative Assistant/Support Services (1 FTE)
- Response and Transport Coordinator (.60 FTE)
- Medical Director (.60 Contracted)

The Agency has the following committees that provide technical, clinical and community input and recommendations regarding the development of plans, policies and procedures:

- Regional STEMI Committee
- Regional Trauma Advisory Committee (TAC)
- Quality Improvement Committee(s)
- ED Managers Committee
- Heart Outcome Committee
- Emergency Medical Care Committee(s)

The committees include physicians, medical directors, nurses, base hospital coordinators, ED managers, paramedics, ambulance service management, fire and law enforcement officials, PSAP representatives, helicopter services, city managers, county administration, elected officials and others.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue current actions

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.02 LEMSA MISSION

MINIMUM STANDARDS:

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency utilizes a continuing quality improvement program, in addition to other mechanisms, to plan, implement, and evaluate the member county's EMS Systems.

The quality improvement committees representing each of our member counties meet quarterly to provide feedback to the Agency or prehospital medical care. The committee is responsible for the following duties:

- Promote region wide standardization of prehospital quality improvement including medical audit review, corrective action, remedial education, and follow-up.
- Monitor, evaluate and report on quality of prehospital care and transportation including compliance with law, regulations, policy and procedure, and recommend revisions and/or corrective action as necessary
- Recommend standards, policies, protocols, and procedures as necessary to improve prehospital care, training, and quality improvement.
- Make recommendations specific to hospital and Mountain-Valley EMS Agency data collection and dissemination.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue current actions

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency is active in obtaining input in the development of plans, policies and procedures. There are regularly scheduled Emergency Medical Care Committee (EMCC) meetings in Amador, Calaveras, Mariposa and Stanislaus Counties. Alpine County does not have an EMCC, however, the input is relayed through the disaster committee or Agency bi-monthly JPA BOD meeting. Mountain-Valley EMS Agency also receives input from the numerous other committees/task forces as identified under Standard 1.01.

Agency collaborated with Stanislaus County stakeholders in developing an EMS System strategic plan.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue current actions

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

RECOMMENDED GUIDELINES:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

CURRENT STATUS:

Mountain-Valley EMS Agency is honored to have Gregory Kann, M.D. as its EMS Medical Director. Dr. Kann is a board certified EMS physician and is a full time emergency physician..

NEED(S):

Meets minimum standard and recommended guidelines

OBJECTIVE:

Continue current actions

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- assess how the current system meets these guidelines,
- identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- provide a methodology and time-line for meeting these needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has developed an EMS Plan in accordance with the State EMSA guidelines as evidenced by this document. The Agency received input and collaboration from system participants within the five county region.

NEED(S):

Meets minimum standard

OBJECTIVE

Continue to provide annual updates to the EMS plan

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has provided annual updates to the EMS Plan as required

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to provide annual updates to the EMS Plan

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

RECOMMENDED GUIDELINES:

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS:

The Mountain-Valley EMS Agency has designated the following in Stanislaus County only:

- Eight (8) base hospitals
- Two (2) Level II Trauma Centers
- Three (3) STEMI Receiving Hospitals
- Kaiser (3) Primary Stroke Centers (PSCs)

Trauma system design is ongoing and changes are made based upon feedback from Trauma Advisory Committee and Evidence Based Studies that focus on enhancing or improving outcomes.

Agency participates in RTCC

Trauma Center agreements term 2020

STEMI Center agreements term 2020

Stroke Center agreements term 2020

COORDINATION WITH OTHER EMS AGENCIES:

Ongoing coordination with SJ County EMS, Tuolumne County EMS and Merced County EMS. Agency worked with Merced County EMS in assisting with development of a trauma advisory committee.

NEED(S):

To continue monitoring and evaluating Mountain-Valley EMS Agency's Trauma System and make changes based upon evidence based data.

OBJECTIVE:

To establish and designate a Level III or IV trauma center in one of our rural member counties.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.08 ALS PLANNING

MINIMUM STANDARDS:

Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The following member counties are provided with Advanced Life Support (ALS) response a part of the initial dispatch to all 9-1-1 medical emergency calls:

- Amador
- Calaveras
- Mariposa
- Stanislaus

The services are provided by Paid Fire Agency First Responders (ALS and BLS), Private Ambulance Providers, Air Ambulances and Fire Volunteer Agencies.

Alpine County provides BLS First Responder services. ALS is provided as mutual aid from neighboring areas which follow Agency policy and procedures for those wilderness areas.

COORDINATION WITH OTHER EMS AGENCIES:

Coordination with Ebbetts Pass Fire Department, Lake Valley Fire Department and El Dorado County EMS Agency regarding Alpine County

Coordination continues with San Joaquin County EMS, Santa Clara County EMS, Merced County EMS and Tuolumne County EMS for mutual aid and unusual occurrence reporting

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and evaluate ALS delivery in all member counties

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Does not meet minimum standards for Alpine, Amador, Calaveras, Mariposa and Stanislaus Counties

NEED(S):

Agency working to have inventory of resources for all five (5) member counties. :

OBJECTIVE:

Complete an Inventory of Resources for the Mountain-Valley EMS Agency member counties.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.10 SPECIAL POPULATIONS

MINIMUM STANDARDS:

Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

RECOMMENDED GUIDELINES:

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

CURRENT STATUS:

The Mountain-Valley EMS Agency data system can identify users of the EMS System by population groups and services provided. This information is used for planning, policy and services development. This information may also be utilized for public education purposes.

Most dispatch centers access interpreter services through enhanced 9-1-1 services or through the telephone company to assist with non-English speaking consumers. Receiving hospitals are able to access interpreter services or utilize employees when needed.

Throughout initial and continuing education programs for EMTs, Paramedics and MICNs special areas of needs for elderly, pediatric and handicapped are emphasized. The Agency has developed pediatric protocols and services for pediatric medical and trauma care. STEMI and Stroke designation and policies have been developed and public education has occurred addressing Myocardial Infarction.

NEED(S):

Meets minimum standard and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.11 SYSTEM PARTICIPANTS

MINIMUM STANDARDS:

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

RECOMMENDED GUIDELINES:

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

CURRENT STATUS:

The Mountain-Valley EMS Agency has identified the optimal roles and responsibilities of system participants. The Agency utilizes Base Hospital agreements, Trauma designation/agreements and STEMI designation/agreements. The Agency enforces ambulance provider agreement compliance and county ambulance ordinances.

NEED(S):

Meets minimum standard and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

Each local EMS agency shall provide for review and monitoring of EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency provides review and monitoring of the EMS operations through various processes that include FirstWatch, Clinical Data Management (CDM), various committees, County EMCCs, TAC, EMS provider agencies and hospitals.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency is active in EMS System Coordination as demonstrated by committee involvement, policy and procedure development, and coordination with EMS providers, dispatch centers and hospitals.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

A Prehospital Care Policy and Procedure Manual is provided for all accredited paramedics, EMTs and MICNs. The manual is divided into the following categories:

- ALS General Guidelines
- Adult Treatment Guidelines
- Pediatric Treatment Guidelines
- Selected MVEMSA Policies
 - 236.00 EMT Scope of Practice
 - 256.00 Paramedic Scope of Practice
 - 412.20 ALS Transfer of Patient Care
 - 439.00 Controlled Substances
 - 445.00 EMS Aircraft Request/Cancellation
 - 530.00 STEMI Triage and Destination
 - 552.62 Intravenous Infusions of Heparin & Nitroglycerine
 - 553.25 Trauma/Burn Triage and Destination
 - 560.10 Reporting of Suspected Abuse
 - 570.20 Determination of Death in the Prehospital Setting
 - 570.21 DNR Orders
 - 570.30 Physician on Scene
 - 570.35 Refusal of EMS Service
- Community Paramedic Program

The manuals are available at the Mountain-Valley EMS Agency office for purchase and are also available online at MVEMSA.org or available free through MVEMSA app for smart phones.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency utilizes review through the data system and quality improvement process to monitor compliance with system policies. Compliance of EMS personnel with system policies is primarily monitored by daily supervision of personnel by the provider agencies, base hospitals, and input from the receiving hospitals.

Agency is working towards implementation of FirstPass, which is a clinical quality measurement and protocol monitoring tool designed to alert users to deviations in expected treatments to medical protocols. FirstPass monitors ePCR and other data to quickly identify and provide real-time alerts related to protocol deviations, missing data elements or urgent patient safety issues.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed with FirstPass implementation by Fall 2020

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency utilizes funds from the county members, specialty center monitoring fees, ambulance provider monitoring fees and the State General Fund. Additional funds are obtained from fees implemented for certification and accreditation functions, application to provide service fees,

OBJECTIVE:

Continue to explore means of maximizing funding, fees for services, and ensure cost effectiveness of programs

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency currently provides medical direction for the regional EMS system as defined in the Mountain-Valley EMS Agency Policies and Procedures. All medical policies are reviewed and evaluated by the Medical Director. The roles and responsibilities of base hospitals have been defined in the Base Hospital Agreement. All eight (8) hospitals are designated as base hospitals and have signed agreements on file in Agency office.

COORDINATION WITH OTHER EMS AGENCIES:

Agency Executive Director and Medical Director communicate, formally and informally, with other local EMS agencies through committees and participation with the Emergency Medical Directors Association of California (EMDAC) and Emergency Medical Services Administrators Association of California (EMSAAC).

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.18 QA/QI

MINIMUM STANDARDS:

Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

RECOMMENDED GUIDELINES:

Pre-hospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

CURRENT STATUS:

The Mountain-Valley EMS Agency has an active QI committee with member counties. Each base hospital and provider has a QI program and submits electronic PCRs data as outlined and required in Agency policy 620.30 (Provider Agency Data Submission Requirements).

NEED(S):

Meets minimum standard and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

RECOMMENDED GUIDELINES:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

CURRENT STATUS:

The Mountain-Valley EMS Agency has a Prehospital Care Policy Manual which addresses the above areas and additional concerns. The agency's website (www.MVEMSA.org) has the policy manual and downloadable apps for cell phones.

NEED(S):

Meets minimal standard and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.20 DNR POLICY

MINIMUM STANDARDS:

Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency meets the compliance with the EMS Authority's DNR guidelines with Agency policy 570.21 (DNR Orders)

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency policy 570.20 (Determination of Death) addresses standard

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.22 REPORTING OF ABUSE

MINIMUM STANDARDS:

Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency adheres to the CCR, Title 22 and the California Penal Code, Article 2.5 in regards to reporting abuse. Providers and training programs provide information concerning elder and child abuse, and suspected SIDS deaths. Agency policy 560.10 (Reporting of suspected abuse).

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has established policy 580.11 (Ambulance Transfers) addressing medical personnel during interfacility transfers (IFT).

Agency is currently working towards an IFT comprehensive system that monitors, tracks, and enhances with a projected completion date of Fall 2021

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.24 ALS SYSTEMS

MINIMUM STANDARDS:

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

RECOMMENDED GUIDELINES:

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS:

The Mountain-Valley EMS Agency has approved all the advanced life support (ALS) providers. The agency has submitted a plan designating exclusive operating areas in the EMS plan update.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

RECOMMENDED GUIDELINES:

Each EMS system should develop a medical control plan that determines:

- the base hospital configuration for the system,
- the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS:

The Mountain-Valley EMS Agency's designated base hospitals utilize authorized Mobile Intensive Care Nurses (MICNs) and base hospital Emergency Department Physicians.

NEED(S):

Meets minimum standard and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for trauma care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has developed a Regional Trauma Plan and the plan has been approved by EMSA. The Trauma Plan is updated regularly based upon the needs of the Trauma System.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has established policies and an emergency medical and critical system plan for pediatric care.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

SYSTEM ORGANIZATION AND MANAGEMENT

1.28 EOA PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has established exclusive operating areas by grandfathering the providers that are eligible under Health & Safety Code 1797.224. The grandfathered EOAs exist in Stanislaus County and Amador County. Calaveras County's EOA is granted by an RFP.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

The local EMS agency shall routinely assess personnel and training needs.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency currently has eight (8) approved EMT training programs in the region. No approved Paramedic programs exist in the region. Paramedic accreditation/orientation classes are conducted at the Agency on a monthly basis.

Agency staff attends all member county EMCC meetings, County Fire Chief Association meetings, Fire Training Coordinator meetings and Local Quality Improvement Committees. Through the member county committee structure and the Mountain-Valley EMS Agency regional committee structure, input is received regarding educational needs on an on-going basis.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs that require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has an application and approval process established to approve EMS education programs. All base hospitals and ALS providers are approved Continuing Education (CE) providers. Agency staff encourages BLS providers to become CE providers. Agency policies 283.00 (First Responder Training Program Approval), 285.10 (EMT Training Program Approval), 286.00 (AEMT Training Program Approval), 287.00 (Paramedic Training Program Approval) and 291.00 (Prehospital Care Continuing Education Provider).

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.03 PERSONNEL

MINIMUM STANDARDS:

The local EMS agency shall have mechanisms to accredit, authorize, and certify pre-hospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS agency of unusual occurrences that could impact EMS personnel certification.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has established policies to accredit, authorize and certify prehospital personnel and to conduct certification reviews, in accordance with State regulations. Refer to Agency policies; 211.00 (Emergency Medical Responder Certification), 231.00 (EMT Certification), 237.00 (Continuing Education), 254.00 (Paramedic Accreditation), 254.20 (Critical Care Paramedic Accreditation) and 954.10 (Stanislaus County Community Paramedic)

The Agency has also established a process (policy) for service providers and base hospitals to notify Mountain-Valley EMS Agency of an unusual occurrence report (UOR) that could impact EMS personnel certification. The UOR is located on the Mountain-Valley EMS Agency web site - <http://www.mvemsa.org/resources3/documents/pcrs-and-forms/114-unusual-occurrences-report>

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.04 DISPATCH TRAINING

MINIMUM STANDARDS:

Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

RECOMMENDED GUIDELINES:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

CURRENT STATUS:

The Mountain-Valley EMS Agency has PSAPs with medical dispatch responsibilities in the following counties:

- Amador
- Calaveras
- Alpine

The following counties have a secondary PSAP with medical dispatch responsibilities:

- Stanislaus
- Mariposa

Agency policy 311.00 (EMS Dispatch Center Standards) addresses the responsibilities and training

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:

At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

RECOMMENDED GUIDELINES:

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT level and have available equipment commensurate with such scope of practice.

CURRENT STATUS:

The EMS First Responders within the Mountain-Valley EMS Agency Region have been trained to administer first aid and CPR. Throughout the Region many of the First Responder Agencies have defibrillator programs and also function with EMT trained personnel. Due to the nature and need of some of the rural/wilderness areas of the region, many volunteer and seasonal firefighters are utilized. It is difficult to train volunteer and seasonal firefighters to the level of EMT due to the financial costs and time demands. Currently many fire provider agencies are at the Emergency Medical Responder level.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.06 RESPONSE

MINIMUM STANDARDS:

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Public Safety agencies respond to medical emergencies as first responders.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.07 MEDICAL CONTROL

MINIMUM STANDARDS:

Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Non-transporting EMS First Responders currently operate under medical direction policies as specified by the Medical Director of Mountain-Valley EMS Agency. BLS interventions are included in the treatment policies for ALS. The following fire agencies provide ALS First Response:

- Modesto FD
- Copperopolis Fire Protection District
- Patterson City FD
- Stanislaus Consolidated FD
- Buena Vista FD

The following policies relate to LALS or ALS First Responders:

- Policy 409.00 (LALS and ALS First Responder Unit Equipment and Supply Inventory)
- Policy 412.00 (LALS and ALS Emergency Medical Responder Authorization)
- Policy 412.20 (ALS Transfer of Care)
- All Policies related to AEMTs or Paramedics

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.08 EMT-I TRAINING

MINIMUM STANDARDS:

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

RECOMMENDED GUIDELINES:

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS:

All emergency 9-1-1 transport vehicles are ALS. The ALS ambulances are staffed, at a minimum, with an EMT and Paramedic.

The agency is **considering** to utilize BLS staffed vehicles for response and transport to lower acuity calls within Stanislaus County in the future.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.09 CPR TRAINING

MINIMUM STANDARDS:

All allied health personnel who provide direct emergency patient care shall be trained in CPR.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

All hospitals with basic and comprehensive emergency medical services permits are approved as 9-1-1 receiving hospitals. Monitoring of the permit status/compliance is the responsibility of DHS Licensing & Certification Division. All regional hospitals require all allied health personnel who provide direct patient care to be trained with CPR. All EMS personnel and Law Enforcement are CPR trained.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.10 ADVANCED LIFE SUPPORT

MINIMUM STANDARDS:

All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in advanced life support.

RECOMMENDED GUIDELINES:

All emergency department physicians should be certified by the American Board of Emergency Medicine.

CURRENT STATUS:

All regional hospitals require ACLS for emergency department physicians and registered nurses. All emergency department physicians are certified by the American Board of Emergency Medicines.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel that includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has an established policy/procedure for accreditation of ALS personnel. Orientation classes are conducted monthly for Paramedics. Agency policy 254.00 (Paramedic Accreditation) address the minimum standards.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.12 EARLY DEFIBRILLATION

MINIMUM STANDARDS:

The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Agency policy 418.00 (AED Service Providers) addresses the minimum standards

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

STAFFING/TRAINING

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:

All base hospital/alternative base station personnel who provide medical direction to pre-hospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Agency policy 261.00 (MICN authorization and re-authorization) addresses minimum standards. In addition, MICN authorization requires completion of an orientation course and successful completion of 10 supervised ALS radio calls.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.01 COMMUNICATIONS PLAN

MINIMUM STANDARDS:

The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

RECOMMENDED GUIDELINES:

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

CURRENT STATUS:

Responders utilize two way radios and cellular phones as defined in the Agency policies 380.20 (Tactical Radio Assignment), 407.00 (Transporting Ambulance Equipment and Supply) and 409.00 (LALS and ALS Non-Transport Equipment and Supply). Radio frequencies on the Med Net Channels have been assigned for the Base Hospital and Disaster Control Facility (DCF) communication. Agency holds licenses on all radio frequencies.

COORDINATION WITH OTHER EMS AGENCIES:

The Mountain-Valley EMS Agency coordinates with other EMS Agencies as needed

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.02 RADIOS

MINIMUM STANDARDS:

Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

RECOMMENDED GUIDELINES:

Emergency medical transport vehicles should have two-way radio communications equipment that complies with the local EMS communications plan and that provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

CURRENT STATUS:

All emergency medical transport vehicles and non-transporting ALS responders are equipped with two-way radios to assist with dispatching and to communicate from ambulance to ambulance and with hospitals.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.03 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Emergency and Non-Emergency transport vehicles are used for interfacility transfers and have Med Net radios and cellular phones. Provision for the ability to communicate is addressed through policies.

COORDINATION WITH OTHER EMS AGENCIES:

The Mountain-Valley EMS Agency coordinates with other EMS Agencies as needed

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.04 DISPATCH CENTER

MINIMUM STANDARDS:

All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

All emergency medical transport vehicles have Med Net radios. All vehicles are able to communicate with the dispatchers in their geographic area. Frequencies have been designated for disasters and multi-casualty incidents. Cell phones are utilized where communication via radio may be difficult.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.05 HOSPITALS

MINIMUM STANDARDS:

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

RECOMMENDED GUIDELINES:

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

CURRENT STATUS:

The hospitals in the Mountain-Valley EMS Agency Region utilize EMResource, which is a real time emergency resource management. EMResource provides real-time communication and resource management for everyone involved in emergency medical response. Authorized users log on to a secure web site and view regional emergency department status and available hospital resources to support patient transport and transfer decision making. During Mass Casualty Incidents, hospital capacity is queried by triage category and inpatient bed capacity. Additional incident specific resources are easily tracked such as decontamination capability, ventilators, and BR specific pharmaceuticals. Secure, redundant servers are reliably accessed 24/7 providing an excellent communication infrastructure for emergency management personnel, acute healthcare providers and public health officials.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.06 MCI/DISASTERS

MINIMUM STANDARDS:

The local EMS agency shall review communications linkages among providers (pre-hospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The hospitals in the Mountain-Valley EMS Agency Region utilize EMResource, which is a real time emergency resource management. EMResource provides real-time communication and resource management for everyone involved in emergency medical response. Authorized users log on to a secure web site and view regional emergency department status and available hospital resources to support patient transport and transfer decision making. During Mass Casualty Incidents, hospital capacity is queried by triage category and inpatient bed capacity. Additional incident specific resources are easily tracked such as decontamination capability, ventilators, and BR specific pharmaceuticals. Secure, redundant servers are reliably accessed 24/7 providing an excellent communication infrastructure for emergency management personnel, acute healthcare providers and public health officials.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.07 9-1-1 PLANNING/COORDINATION

MINIMUM STANDARDS:

The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of enhanced 9-1-1 systems.

CURRENT STATUS:

The Mountain-Valley EMS Agency participates in ongoing planning and coordination of the 9-1-1 telephone service

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.08 9-1-1 PUBLIC EDUCATION

MINIMUM STANDARDS:

The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has and continues to be involved with stakeholders to teach public education and awareness programs. The Agency continues to teach "hands only CPR" region wide thus providing education to the local communities concerning emergencies and 9-1-1 services.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

The local EMS agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

RECOMMENDED GUIDELINES:

The local EMS agency should establish a emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS:

The Mountain-Valley EMS Agency has established EMD priority reference systems, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions with all member counties.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

COMMUNICATIONS

3.10 INTEGRATED DISPATCH

MINIMUM STANDARDS:

The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

RECOMMENDED GUIDELINES:

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

CURRENT STATUS:

Each member county has functionally integrated dispatch with system-wide emergency services coordination, using the standard communication frequencies. The Agency also uses FirstWatch, real-time CAD data, to ensure appropriate system-wide ambulance coverage during periods of peak demand.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

CURRENT STATUS:

The boundaries for the emergency medical transportation service areas have been established for providers throughout the Mountain-Valley EMS Agency region. Mountain-Valley EMS Agency has been given authority from Amador, Calaveras, Mariposa and Stanislaus Counties to enforce the ambulance ordinances for each of those counties.

COORDINATION WITH OTHER EMS AGENCIES:

All of the providers, public and private, have mutual aid agreements. At times, mutual aid may cross county lines

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.02 MONITORING

MINIMUM STANDARDS:

The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

CURRENT STATUS:

The Mountain-Valley EMS Agency monitors emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures. In addition, agreements are in place between Mountain-Valley EMS Agency and all EMS providers. The agency monitors contractual compliance using real-time CAD data provided through FirstWatch.

Each county providing EMS has a county ambulance ordinance, which is enforced by Mountain-Valley EMS Agency

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.03 CLASSIFYING MEDICAL REQUESTS

MINIMUM STANDARDS:

The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency determines criteria for classifying medical requests and determines the appropriate level of medical response for each incident.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.04 PRESCHEDULED RESPONSES

MINIMUM STANDARDS:

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS agency policy.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

In the Mountain-Valley EMS Agency Region there is compliance with levels of emergency medical transport vehicles. The agency has implemented an IFT division that prohibits 9-1-1 emergency ambulances from being taken out of the 9-1-1 system to run IFT calls. Only the ambulances dedicated to the IFT division can run IFT calls and, depending on the system status, may be used to run 9-1-1 EMS calls.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time.

RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

CURRENT STATUS:

The Mountain-Valley EMS Agency has developed and implemented response time standards for medical responses in member counties. The ambulance providers are required to respond and arrive on scene of an emergency meeting the response time standards set forth within each respective county's response zones. The ambulance providers are held contractually to the ninety percentile of emergency responses, which do not exceed the response time standards listed above.

COORDINATION WITH OTHER EMS AGENCIES:

There hasn't been a need for coordination with other EMS agencies

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.06 STAFFING

MINIMUM STANDARDS:

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Reference Mountain-Valley EMS Agency policies 407.00 (Transporting Ambulance Equipment and Supply Inventory) and 409.00 (LALS and ALS First Responder Unit Equipment and Supply Inventory)

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.07 FIRST RESPONDER AGENCIES

MINIMUM STANDARDS:

The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has incorporated qualified first responders into the EMS system. The first responder levels vary from volunteer to paid agencies with levels from EMR to Paramedic.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.08 MEDICAL & RESCUE AIRCRAFT

MINIMUM STANDARDS:

The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- authorization of aircraft to be utilized in pre-hospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Refer to the following Mountain-Valley EMS Agency Policies, which address the above standards:

- 441.00 (EMS Aircraft Policy Definitions)
- 442.00 (EMS Aircraft Authorization Policy)
- 444.00 (EMS Aircraft On-Line Medical Control)
- 445.00 (EMS Aircraft Request and Cancellation)
- 446.00 (EMS Aircraft Provider Dispatch)
- 447.00 (EMS Aircraft Landing Site)
- 448.00 (EMS Aircraft Patient Destination)

COORDINATION WITH OTHER EMS AGENCIES:

EMS Aircraft cover many counties and EMS agencies. The aircraft flying into one of Mountain-Valley EMS Agency's member counties for 911 scene calls must have a valid agreement with Mountain-Valley EMS Agency and they must follow all applicable policies/procedures.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has designated a County Air Resource Center (CARC) in each member county. The CARC is the primary coordination point for all EMS Aircraft requests for prehospital 911 scene emergencies. Refer to Mountain-Valley EMS Agency policy 445.00 (EMS Aircraft Request/Cancellation) for further information.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Please refer to Mountain-Valley EMS Agency policy 445.00 (EMS Aircraft Request/Cancellation) for further information regarding the minimum standard.

COORDINATION WITH OTHER EMS AGENCIES:

No coordination needed at this time

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.11 SPECIALTY VEHICLES

MINIMUM STANDARDS:

Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

RECOMMENDED GUIDELINES:

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

CURRENT STATUS:

Public safety agencies in the region utilize special all-terrain vehicles or snow mobiles. The Agency approves specialty vehicles based upon topography, population density, environmental factors and available resources.

COORDINATION WITH OTHER EMS AGENCIES:

Resources from surrounding counties may be utilized under mutual aid agreements

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.12 DISASTER RESPONSE

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Provider agencies in all member counties are prepared for mobilizing and transport vehicles in a disaster and have mutual aid plans in place. The five (5) member counties of Mountain-Valley EMS Agency have retained disaster planning and coordination. The agency collaborates with all member counties regarding disaster planning and will assist as needed. Agency shares the MHOAC role with member counties.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.13 INTERCOUNTY RESPONSE

MINIMUM STANDARDS:

The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

RECOMMENDED GUIDELINES:

The local EMS agency should encourage and coordinate development of mutual aid agreements that identify financial responsibility for mutual aid responses.

CURRENT STATUS:

Mutual agreements have been developed with counties bordering the Mountain-Valley EMS Agency region.

COORDINATION WITH OTHER EMS AGENCIES:

Agreements in place

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency follows Region IV MCI Plan and provides regular training for on-scene medical management using the ICS system. The training is available on MVEMSA.org for all EMS providers. In addition, the agency has developed "triggers" for each member county for when an MCI is activated. Refer to the following policies:

- 918.10 (Alpine County MCI Activation)
- 928.40 (Amador Calaveras MCI Activation)
- 948.40 (Mariposa MCI Activation)
- 958.40 (Stanislaus County MCI Activation)

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.15 MCI PLANS

MINIMUM STANDARDS:

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

All Mountain-Valley EMS Agency EMS provider agencies utilize the Region IV MCI Plan

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.16 ALS STAFFING

MINIMUM STANDARDS:

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

RECOMMENDED GUIDELINES:

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

On an emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

CURRENT STATUS:

All Mountain-Valley EMS Agency regional EMS provider agencies staff ALS units with a minimum of one Paramedic and one EMT. The agency is looking at future options for staffing a few emergency ambulances with dual EMTs. Alpine County does not have an ALS system and provisions have been made for BLS units. Please refer to 910.10 (Alpine County Specific Emergency BLS Ambulance Policy).

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.17 ALS EQUIPMENT

MINIMUM STANDARDS:

All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Reference Mountain-Valley EMS Agency policies 407.00 (Transporting Ambulance Equipment and Supply Inventory) and 409.00 (LALS and ALS First Responder Unit Equipment and Supply Inventory)

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.18 TRANSPORT COMPLIANCE

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has developed agreements for all emergency and non-emergency ground ambulance transport providers as well as ALS Fire First Responder non-transport. The agreements and policies ensure ambulance providers comply with applicable policies/procedures regarding system operations and clinical care.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has established exclusive operating areas within the region and has contracted either through grandfathering or RFP.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.20 "GRANDFATHERING"

MINIMUM STANDARDS:

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has established "grandfathering" under Section 1797.224, H&SC in Amador and Stanislaus Counties.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.21 EOA COMPLIANCE

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has established "grandfathered" exclusive operating areas with Amador and Stanislaus Counties and has contracted with each provider that has been granted exclusivity through grandfathering. In addition, Mountain-Valley EMS Agency contracts with providers in Calaveras County that have been granted exclusivity through RFP. Response time standards and compliance are outlined within each agreement. See MVEMSA.org for reference to the agreements.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

RESPONSE AND TRANSPORTATION

4.22 EOA EVALUATION

MINIMUM STANDARDS:

The local EMS agency shall periodically evaluate the design of exclusive operating areas.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has current agreements with all ALS emergency ground, first response, and air ambulance providers. The contracts are monitored by the Agency Executive Director

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.01 ASSESSMENT OF CAPABILITIES

MINIMUM STANDARDS:

The local EMS agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency should have written agreements with acute care facilities in its service area.

CURRENT STATUS:

The Mountain-Valley EMS Agency has assessed the capabilities of the acute care facilities within the region during the planning and development of the Trauma System Plan and Trauma System Plan Update. Assessment of resources occurs on a continued basis through quarterly TAC meetings and quarterly Regional STEMI Committee meetings.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has established prehospital triage and destination policies for Trauma and STEMI patients. Please refer to the following policies: 553.25 (Trauma triage and destination), 530.00 (STEMI Triage and Destination) and 522.20 (Stroke Triage and Destination).

Per Mountain-Valley EMS Agency Trauma Plan, trauma centers are required to establish and maintain transfer care agreements with another trauma center of higher designation. The higher designated trauma centers will be required to work with and establish transfer guidelines with regional facilities that provide lower level of trauma care. Please refer to the following policies:

- 580.31 (Trauma Patient Transfer and Transportation)
- 585.00 (Interfacility Pediatric Trauma Critical Care Consultation and Transfer Guidelines)
- 547.00 (Integration of Pediatric Hospitals).

COORDINATION WITH OTHER EMS AGENCIES:

Agency coordinates with San Joaquin EMS, Merced County EMS and Tuolumne County EMS regarding triage and destination policies

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Per Mountain-Valley EMS Agency Trauma Plan, trauma centers are required to establish and maintain transfer care agreements with another trauma center of higher designation. The higher designated trauma centers will be required to work with and establish transfer guidelines with regional facilities that provide lower level of trauma care. Please refer to the following policies:

- 580.31 (Trauma Patient Transfer and Transportation)
- 585.00 (Interfacility Pediatric Trauma Critical Care Consultation and Transfer Guidelines)
- 547.00 (Integration of Pediatric Hospitals).

COORDINATION WITH OTHER EMS AGENCIES:

Agency coordinates with San Joaquin EMS, Merced County EMS and Tuolumne County EMS regarding triage and destination policies

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has designated three (3) STEMI specialty centers, two (2) Level II trauma centers and three (3) Stroke centers. The following policies addresses the designation process for specialty centers:

- 535.10 (Trauma Center Standards)
- 546.00 (Trauma Center Designation Process)
- 520.00 (EMS STEMI Receiving Center Designation Process)
- 522.00 (Primary Stroke Center Designation)

COORDINATION WITH OTHER EMS AGENCIES:

Agency coordinates with San Joaquin EMS, Merced County EMS and Tuolumne County EMS regarding specialty center designations.

NEED(S):

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.05 MASS CASUALTY MANAGEMENT

MINIMUM STANDARDS:

The local EMS agency shall encourage hospitals to prepare for mass casualty management.

RECOMMENDED GUIDELINES:

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

CURRENT STATUS:

The Mountain-Valley EMS Agency assists in disaster planning, drills and training with all member county hospitals as needed. Agency staff attends all member county's Emergency Prepared Councils and is active in the Hospital Preparedness Program Grant.

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.06 HOSPITAL EVACUATION

MINIMUM STANDARDS:

The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency participates in disaster planning and preparedness activities. Agency assists hospitals and member counties with disaster planning and drills as needed.

MVEMSA has confirmed that all acute care hospitals have developed emergency evacuation plans. The Agency will review plans in developing a MVEMSA plan.

COORDINATION WITH OTHER EMS AGENCIES:

Will coordinate with other EMS agencies when necessary

NEED(S):

Meets Minimum Standard

OBJECTIVE:

Review current hospital plans to create a MVEMSA plan for EMS during a hospital evacuation.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☒ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.07 BASE HOSPITAL DESIGNATION

MINIMUM STANDARDS:

The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

All hospitals within Mountain-Valley EMS Agency Region are designated as base hospitals and have signed agreements in place.

COORDINATION WITH OTHER EMS AGENCIES:

As needed

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.08 TRAUMA SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- the number and level of trauma centers (including the use of trauma centers in other counties),
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has an approved Trauma System Plan with EMSA. Stanislaus County has two (2) Level II Trauma Centers.

Catchment area policies are in place – refer to policy 545.00 (Establishment of Service Areas for Trauma Centers)

Trauma Triage Criteria policy identifies patients that are to be transferred to a Trauma Center – refer to policy 553.25 (Trauma Triage and Destination)

Not all patients within the Mountain-Valley EMS Agency Region are Trauma Centers. The hospitals not designated as trauma centers are base hospitals and will treat trauma patients they receive with the capabilities of a licensed acute care facility. Patients needing a higher level of care will be transferred immediately to the higher level of care needed.

Mountain-Valley EMS Agency subscribes to Clinical Data Management (CDM) for the collection of trauma data. Each trauma center participates in the trauma registry and TQI committee meets regularly.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.09 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its trauma care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The "draft" plan and associated policies was out for public review for 30 days. After the review and recommended changes/corrections, the draft plan was placed on the JPA BOD agenda for approval. The JPA BOD is a public meeting and opportunity presented for public input. No public input was given and the Trauma System Plan was approved by the JPA BOD and subsequently the EMS Authority.

The EMSA approved Trauma System Plan is based on an all inclusive system rather than an exclusive system. Mountain-Valley EMS Agency has been and will continue to assist all facilities in meeting the designation requirements.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- the number and role of system participants, particularly of emergency departments,
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- identification of providers who are qualified to transport such patients to a designated facility,
- identification of tertiary care centers for pediatric critical care and pediatric trauma,
- the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

There are no facilities in the Mountain-Valley EMS Agency Region designated as Pediatric Critical Care Centers (PCCCs). Agency policy 553.25 (Trauma/Burn Triage and Patient Destination) provides destinations for trauma activated pediatric patients from the prehospital scene.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.11 EMERGENCY DEPARTMENTS

MINIMUM STANDARDS:

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- data reporting to the local EMS agency.

RECOMMENDED GUIDELINES:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

CURRENT STATUS:

The Mountain-Valley EMS Agency has a data management system in place which collects prehospital, trauma, STEMI, and base hospital data.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.12 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency receives input through medical control, local quality improvement committees, trauma advisory committees, and EMS provider meetings.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- the number and role of system participants,
- the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center,
- the role of non-designated hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has established policies/protocols for determining patient destination to a designated specialty center. Patients meeting trauma triage criteria are transported to the appropriate designated trauma center. Pediatric trauma patients meeting trauma triage criteria are transported, via ground or air from the prehospital environment, to a Level I trauma center or Pediatric specialty center. Refer to policy 553.25 (Trauma/Burn Triage and Patient Destination).

Patients meeting STEMI criteria are transported to a designated STEMI center. There are three (3) designated STEMI Receiving Centers in Stanislaus County. Refer to policy 530.00 (STEMI Triage and Destination).

Patients meeting Stroke criteria are transported to a designated stroke center. There are three (3) designated Stroke Receiving Centers in Stanislaus County. Refer to policy 522.20 (Stroke Triage and Destination).

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

FACILITIES AND CRITICAL CARE

5.14 PUBLIC INPUT

MINIMUM STANDARDS:

In planning other specialty care systems, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency ensures ongoing input in planning for specialty centers from prehospital, hospitals, and public in various meetings.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:

The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

RECOMMENDED GUIDELINES:

The local EMS agency should have the resources to evaluate response to, and the care provided to, specific patients.

CURRENT STATUS:

The Mountain-Valley EMS Agency currently exceeds minimum standards and recommended guidelines. The agency maintains a comprehensive data collection system and has the ability to immediately review any policy, procedure or incident. The capabilities are used in conjunction with a QA/QI program that links to area providers, hospitals, specialty centers, and physicians.

In addition, Agency is pursuing FirstPass implementation. FirstPass is owned by FirstWatch and is a clinical quality measurement and protocol monitoring tool designed to alert users to deviations in expected treatments to medical protocols. FirstPass can review the entire encounter from the time 911 is called to delivery at the hospital.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.02 PREHOSPITAL RECORDS

MINIMUM STANDARDS:

Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

Mountain-Valley EMS Agency policy requires that an electronic prehospital care report (ePCR) be completed for each patient encounter. Refer to Agency policies 560.11 (Documentation of Patient Contact) and 560.12 (PCR Instruction booklet).

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINES:

The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.

CURRENT STATUS:

The Mountain-Valley EMS Agency performs regular audits as outlined in the ambulance provider agreements.

NEEDS:

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.04 MEDICAL DISPATCH

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has oversight and Medical Director approval of all EMD centers.

Stanislaus County - Valley Regional Emergency Communication Center (VRECC) is accredited by the National Academy of Emergency Medical Dispatch (NAEMD) and is an Accredited Center of Excellence (ACE) in EMD for demonstrating compliance to the highest level of standards as set forth by the NAEMD. The Agency participates in the QA/QI process at VRECC to ensure the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post dispatch directions.

Amador County – NAEMD Licensed protocol.

Calaveras County – NAEMD Licensed protocol

Mariposa County – NAEMD Licensed protocol

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

RECOMMENDED GUIDELINES:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS:

The Mountain-Valley EMS Agency monitors emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures. In addition, agreements are in place between Mountain-Valley EMS Agency and all EMS providers. The agency monitors contractual compliance using real-time CAD data provided through FirstWatch for Stanislaus and Calaveras County providers. The Agency is working with Amador and Mariposa PSAPs to integrate FirstWatch with the PSAPs CAD.

The agency maintains a comprehensive data collection system and has the ability to immediately review any policy, procedure or incident. The capabilities are used in conjunction with a QA/QI program that links to area providers, hospitals, specialty centers, and physicians.

In addition, Agency is pursuing FirstPass implementation. FirstPass is owned by FirstWatch and is a clinical quality measurement and protocol monitoring tool designed to alert users to deviations in expected treatments to medical protocols. FirstPass can review the entire encounter from the time 911 is called to delivery at the hospital

COORDINATION WITH OTHER EMS AGENCIES:

Coordination occurs with neighboring EMS Agencies, EMS providers and neighboring hospitals

NEEDS:

Meets minimum standards and recommended guidelines

OBJECTIVE:

Mountain-Valley EMS Agency has collaborated closely with the ambulance providers regarding the switch from the previous CEMSIS Data Dictionary V2.2.1 to the national NEMSIS Data Dictionary. The transition to NEMSIS V2.2.1 began in early 2015. The roadmap to NEMSIS V3.X was covered consistently in Ambulance Provider System Status Meetings. The providers were also advised that if their individual ePCR software vendors were able to transition to NEMSIS V3.3.4 instead of V2.2.2 it would be preferable. All providers were aware of the expectation to be compliant with NEMSIS V3.3.4 beginning 1/1/16. All providers are utilizing software that is V3.3.4 compliant.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The agency currently contracts with FirstWatch for data collection from the authorized medical dispatch centers CAD systems and the ambulance providers ePCR platforms.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.07 PROVIDER PARTICIPATION

MINIMUM STANDARDS:

The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

All providers in Stanislaus County are required to participate in the monthly system status meetings. The Agency Executive Director leads the meetings and reviews system issues or concerns.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.08 REPORTING

MINIMUM STANDARDS:

The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency reports on the evaluation of each EMS System annually to the local EMCC's and Board of Supervisors.

NEEDS:

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.09 ALS AUDIT

MINIMUM STANDARDS:

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and pre-hospital activities.

RECOMMENDED GUIDELINES:

The local EMS agency's integrated data management system should include pre-hospital, base hospital, and receiving hospital data.

CURRENT STATUS:

The Mountain-Valley EMS Agency currently contracts with FirstWatch for data collection from system providers. ePCR data is reviewed by Agency QI/Trauma Coordinator as well as data from specialty centers. Fall out issues are taking to the appropriate committees for review and discussion. The Agency Medical Director participates in the review of audits performed by the Agency.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

MVEMSA will continue to monitor.

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency complies with the standard above. A trauma registry has been established, a trauma audit committee has been developed, and system changes (e.g. trauma catchment areas) have been determined. Mountain-Valley EMS Agency uses Clinical Data Management for its trauma registry.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DATA COLLECTION AND SYSTEM EVALUATION

6.11 TRAUMA CENTER DATA

MINIMUM STANDARDS:

The local EMS Agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information that is required for quality assurance/quality improvement and system evaluation.

RECOMMENDED GUIDELINES:

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

CURRENT STATUS:

The Mountain-Valley EMS Agency has met the above standard and recommended guideline. All trauma centers are required to participate in the registry, per contractual agreements and Agency policy. 100% audit occurs on all incidents where a patient meeting trauma criteria for transport to a trauma center is transported to a non-trauma hospital.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.01 PUBLIC INFORMATION MATERIALS

MINIMUM STANDARDS:

The local EMS agency shall promote the development and dissemination of information materials for the public that addresses:

- understanding of EMS system design and operation,
- proper access to the system,
- self-help (e.g., CPR, first aid, etc.),
- patient and consumer rights as they relate to the EMS system,
- health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- appropriate utilization of emergency departments.

RECOMMENDED GUIDELINES:

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

CURRENT STATUS:

The Mountain-Valley EMS Agency collaborates with various stakeholders from member counties to promote the development and dissemination of the above information to the public.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.02 INJURY CONTROL

MINIMUM STANDARDS:

The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

CURRENT STATUS:

The Mountain-Valley EMS Agency collaborates with various stakeholders (Heart Consortium Committees, Trauma Centers, STEMI Centers, Stroke Centers, Fire Departments, Ambulance Providers, Law Enforcement, Behavioral Health, Public Health, etc.) from member counties to promote the above information to the public.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.03 DISASTER PREPAREDNESS

MINIMUM STANDARDS:

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

RECOMMENDED GUIDELINES:

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS:

The Mountain-Valley EMS Agency collaborates with OES and Emergency Preparedness Coordinators from the Hospitals and Public Health within each member counties to promote the above information to the public.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

PUBLIC INFORMATION AND EDUCATION

7.04 FIRST AID & CPR TRAINING

MINIMUM STANDARDS:

The local EMS agency shall promote the availability of first aid and CPR training for the general public.

RECOMMENDED GUIDELINES:

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

CURRENT STATUS:

The Mountain-Valley EMS Agency has partnered with local fire agencies, ambulance providers and hospitals to form "heart outcome committees" within each member county. Volunteers from committee members agencies provide "hands only" CPR instruction to the general public. Several teaching events have occurred where there is a large gathering of the general public (County Fair, Churches, Public Schools, Public Shopping Centers, etc.).

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency works closely with Stanislaus County OES and Fire regarding the development of EMS response for disasters and Haz-Mat situations, which is part of the Emergency Operations Plan (EOP). Local OES for Alpine, Amador and Calaveras are under the authority of law enforcement and there is minimal participation. However, the agency works closely with Public Health emergency preparedness, hospitals, fire and ambulance providers to accomplish the standards for medical response plans for disasters and Haz-Mat situations.

COORDINATION WITH OTHER EMS AGENCIES:

As needed

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.02 RESPONSE PLANS

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

RECOMMENDED GUIDELINES:

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS:

The Mountain-Valley EMS Agency is compliant with the above standard and recommended guidelines. In December 1996, State law required SEMS training for all personnel who could potentially respond to a disaster response be implemented. Refer to the following agency policies:

- 801.00 (Emergency Response to Federal Threat Levels)
- 810.00 (MCI Plan)
- 851.00 (Triage Exercises)
- 853.00 (Prehospital Training Standards)

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.03 HAZMAT TRAINING

MINIMUM STANDARDS:

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The providers in each of the Mountain-Valley EMS Agency member counties are trained and equipped to respond hazardous materials incidents as dictated by their response role and capabilities. Fire agencies provide routine training on response to haz-mat incident and often work closely with the environmental health resources (EHR) within their respective counties. Tabletop exercise and follow-up training exists annually that often incorporates hazardous material situations for the EMS responding crew. Hospitals also participate in the exercises and provide training to hospital staff for decontamination procedures on patients transported by ambulances.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.04 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that ICS training is provided for all medical providers.

CURRENT STATUS:

The Mountain-Valley EMS Agency established plans and procedures for all disaster type responses to medical responders utilizing ICS as the basis for field management. All EMS responders are required to complete the agency's online MCI training modules prior to the end of their certification or license expiration date. The agency audits 100% of MCI's and provides corrective action plans and training when needed.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.05 DISTRIBUTION OF CASUALTIES

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

CURRENT STATUS:

The Mountain-Valley EMS Agency has designated a Disaster Control Facility (DCF) in Stanislaus County to manage patient distribution during a multi-casualty incident. The DCF is also responsible for using EMResource to obtain a bed poll from neighboring hospitals in order to provide the best destination possible for patients from an MCI event. In addition, the DCF in Stanislaus County gives a trauma center destination to EMS for patients meeting trauma triage criteria.

In our mountain member counties, each base hospital is the DCF when activated due to an MCI event. The DCF follows the same responsibilities listed above.

All base hospitals consult Regional Poison Centers when needed.

COORDINATION WITH OTHER EMS AGENCIES:

As needed

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.06 NEEDS ASSESSMENT

MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

RECOMMENDED GUIDELINES:

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

CURRENT STATUS:

Established through Region IV MCI plan

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.07 DISASTER COMMUNICATIONS

MINIMUM STANDARDS:

A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has implemented the minimum standard

COORDINATION WITH OTHER EMS AGENCIES:

As needed

NEED(S):

Meets minimum standard

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.08 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

CURRENT STATUS:

The Mountain-Valley EMS Agency, in cooperation with OES and member county public health emergency preparedness, has developed an inventory of appropriate disaster medical resources to respond to MCIs and disasters in member county operational areas if needed.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.09 DMAT TEAMS

MINIMUM STANDARDS:

The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

RECOMMENDED GUIDELINES:

The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS:

The Mountain-Valley EMS Agency supports DMAT teams with all member counties

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.10 MUTUAL AID AGREEMENTS

MINIMUM STANDARDS:

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, that ensure sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency participates in the Region IV MCI Plan

COORDINATION WITH OTHER EMS AGENCIES:

Participation in Region IV MCI Plan

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.11 CCP DESIGNATION

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has developed FTS within all member counties. The plan is currently being reviewed and updated as needed.

COORDINATION WITH OTHER EMS AGENCIES:

As needed

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.12 ESTABLISHMENT OF CCP

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency, in cooperation with Public Health Emergency Preparedness, OES, HPP Coalition, and EMS Providers, has developed plans and locations for FTS, Alternate Care Sites, and possible Mobile Field Hospitals sites. The plan is currently being reviewed and updated as needed.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.13 DISASTER MEDICAL TRAINING

MINIMUM STANDARDS:

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS:

The Mountain-Valley EMS Agency has included the OES Region IV MCI Plan as part of the regional policy for MCIs. In addition, the agency has worked with stakeholders from each member county to develop county specific policies on when an MCI is activated. Refer to the following policies:

- 918.10 (Alpine County MCI Activation)
- 928.40 (Amador/Calaveras MCI Activation)
- 948.40 (Mariposa County MCI Activation)
- 958.40 (Stanislaus County MCI Activation)

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.14 HOSPITAL PLANS

MINIMUM STANDARDS:

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

RECOMMENDED GUIDELINES:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

CURRENT STATUS:

The Mountain-Valley EMS Agency and EMS providers participate in hospital and County drills annually. The hospital plans are integrated into the Emergency Operations Plan for each County.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.15 INTERHOSPITAL COMMUNICATIONS

MINIMUM STANDARDS:

The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

All hospitals located within each member county of Mountain-Valley EMS Agency are currently linked into EMS systems.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.16 PREHOSPITAL AGENCY PLANS

MINIMUM STANDARDS:

The local EMS agency shall ensure that all pre-hospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.

CURRENT STATUS:

The Mountain-Valley EMS Agency performs a 100% review on all MCI occurring in one of it's member counties. Training is provided as needed.

NEED(S):

Meets minimum standards and recommended guidelines

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.17 ALS POLICIES

MINIMUM STANDARDS:

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency permits EMS responders to provide mutual aid from other EMS systems under the OES Region IV MCI Plan.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.18 SPECIALTY CENTER ROLES

MINIMUM STANDARDS:

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has developed a regional trauma system to support the two (2) designated Level II trauma centers located in Stanislaus County. Policies developed for the trauma system meet the standards.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

8.19 WAIVING EXCLUSIVITY

MINIMUM STANDARDS:

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS:

The Mountain-Valley EMS Agency has language within each contract for the exclusivity providers waiving exclusivity in the event of a significant medical incident.

NEED(S):

Meets minimum standards

OBJECTIVE:

Continue to monitor and enhance as needed

TIME FRAME FOR MEETING OBJECTIVE:

- ☐ Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)



2018 EMS Plan Update

Table 2

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: CY 2018

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Alpine

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

County: Amador

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

County: Calaveras

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

County: Mariposa

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

County: Stanislaus

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

2. Type of agency
- a) Public Health Department
 - b) County Health Services Agency
 - c) Other (non-health) County Department
 - d) **Joint Powers Agency**
 - e) Private Non-Profit Entity
 - f) Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to
- a) Public Health Officer
 - b) Health Services Agency Director/Administrator
 - c) Board of Directors
 - d) Other: _____

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u> X </u>
Designation of trauma centers/trauma care system planning	<u> X </u>
Designation/approval of pediatric facilities	<u> </u>
Designation of other critical care centers	<u> X </u>
Development of transfer agreements	<u> X </u>
Enforcement of local ambulance ordinance	<u> X </u>
Enforcement of ambulance service contracts	<u> X </u>
Operation of ambulance service	<u> </u>
Continuing education	<u> X </u>
Personnel training	<u> X </u>
Operation of oversight of EMS dispatch center	<u> X </u>
Non-medical disaster planning	<u> </u>
Administration of critical incident stress debriefing team (CISD)	<u> </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> </u>
Other: _____	<u> </u>
Other: _____	<u> </u>
Other: _____	<u> </u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ 824,665
Contract Services (e.g. medical director)	150,633
Operations (e.g. copying, postage, facilities)	412,567
Travel	5,772
Fixed assets	
Indirect expenses (overhead)	
Ambulance subsidy	
EMS Fund payments to physicians/hospital	
Dispatch center operations (non-staff)	
Training program operations	3,909
Other: _____	
Other: _____	
Other: _____	
TOTAL EXPENSES	\$ 1,397,546

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ _____
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	357,036
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	244,948
Certification fees	84,009
Training program approval fees	1,400
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	200,000
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Other critical care center application fees	
Type: _____	
Other critical care center designation fees	<u>114,000</u>
Type: <u>Stroke Receiving Center (\$75,000)</u>	
Type : <u>STEMI Receiving Center (\$96,000)</u>	
Ambulance service/vehicle fees	<u>328,700</u>
Contributions	
EMS Fund (SB 12/612)	
Other grants: <u>Hospital Preparedness Program (HPP)</u>	<u>36,237</u>
Other fees: <u>Training Fees</u>	<u>4,824</u>
Other (specify): <u>Local Interest</u>	<u>26,392</u>
TOTAL REVENUE	\$ 1,397,546

TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN.

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

 We do not charge any fees

 X Our fee structure is:

First responder certification	\$ <u>30</u>
EMS dispatcher certification	<u> </u>
EMT-I certification	<u>125</u>
EMT-I recertification	<u>87</u>
EMT-defibrillation certification	<u> </u>
EMT-defibrillation recertification	<u> </u>
AEMT certification	<u>150</u>
AEMT recertification	<u>87</u>
EMT-P accreditation	<u>100</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>100</u>
MICN/ARN recertification	<u>50</u>
EMT-I training program approval	<u>2,500</u>
AEMT training program approval	<u> </u>
EMT-P training program approval	<u>10,000</u>
MICN/ARN training program approval	<u>750</u>
Base hospital application	<u> </u>
Base hospital designation	<u> </u>
Trauma center application	<u> </u>
Level I	<u>25,000</u>
Level II	<u>25,000</u>
Level III	<u>5,000</u>
Level IV	<u>5,000</u>
Trauma center designation	
Level I	<u>100,000</u>
Level II	<u>100,000</u>
Level III	<u>32,000</u>
Level IV	<u>32,000</u>
Pediatric facility approval	<u> </u>
Pediatric facility designation	<u> </u>
Other critical care center application	
Type: <u>STEMI Receiving Center</u>	<u>5,000</u>
Type: <u>Primary Stroke Center</u>	<u>5,000</u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Other critical care center designation	
Type: <u>STEMI Receiving Center</u>	<u>32,000</u>
Type: <u>Primary Stroke Center</u>	<u>25,000</u>
Ambulance service license	<u> </u>
Ambulance vehicle permits	<u> </u>
Other: <u>Air Ambulance Authorization (In-Region)</u>	<u>5,000</u>
Other: <u>Air Ambulance Authorization (Out-of-Region)</u>	<u>1,000</u>
Other: _____	<u> </u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Executive Director	1.0	\$48.13		
Asst. Admin./Admin.Asst./Admin. Mgr.	Deputy Director	1.0	\$45.85		
ALS Coord./Field Coord./Trng Coordinator	EMS Critical Care Coordinator	1.0	\$34.05		
Program Coordinator/Field Liaison (Non-clinical)	Response & Transport Coordinator	0.63	\$32.63		
Trauma Coordinator	Trauma Coordinator	0.5	\$38.51		
Medical Director	Medical Director		\$65,667		Independent Contractor
Other MD/Medical Consult/Training Medical Director	Assistant Medical Director		\$6,831		Independent Contractor
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Communications/Data Systems Analyst	1.0	\$30.95		
QA/QI Coordinator	QI Coordinator	0.5	\$38.51		
Public Info. & Education Coordinator					
Executive Secretary	Executive Secretary	0.5	\$24.79		
Other Clerical	Financial Services Assistant	0.5	\$24.79		
Data Entry Clerk	Management Services Assistant	1.0	\$22.47		

Front Office	Management Services Assistant	1.0	\$20.82		
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2018 EMS Plan Update

Table 3

TABLE 3: STAFFING/TRAINING

Reporting Year: 2018

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	1264			370
Number newly certified this year	173			27
Number recertified this year	460			132
Total number of accredited personnel on July 1 of the reporting year			343	
Number of certification reviews resulting in:				
a) formal investigations	4			
b) probation	2			
c) suspensions				
d) revocations				
e) denials				
f) denials of renewal				
g) no action taken	3			

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

1264

b) Number of public safety (defib) certified (non-EMT-I)

114

2. Do you have an EMR training program*

X yes no

*Agency does not host an EMR program but multiple CE providers have approved programs



2018 EMS Plan Update

Table 4

TABLE 4: COMMUNICATIONS

Note: Table 4 is to be answered for each county.

County: Alpine County

Reporting Year: CY 2018

- | | |
|---|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>0</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>0</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>Alpine County Sheriff Department</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>Alpine County Sheriff Department</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>154.100/153.800</u> | |
| b. Other methods <u>RACES</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |

TABLE 4: COMMUNICATIONS

Note: Table 4 is to be answered for each county.

County: Amador County

Reporting Year: CY 2018

- | | |
|---|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>Amador County Sheriff Department</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>Amador County Sheriff Department</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>467.975/462.975</u> | |
| b. Other methods <u>RACES</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |

TABLE 4: COMMUNICATIONS

Note: Table 4 is to be answered for each county.

County: Calaveras County

Reporting Year: CY 2018

1. Number of primary Public Service Answering Points (PSAP) 1
2. Number of secondary PSAPs 0
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of EMS dispatch agencies utilizing EMD guidelines 1
5. Number of designated dispatch centers for EMS Aircraft 0
6. Who is your primary dispatch agency for day-to-day emergencies?
Calaveras County Sheriff's Department
7. Who is your primary dispatch agency for a disaster?
Calaveras County Sheriff's Department
8. Do you have an operational area disaster communication system? ☒ Yes ☐ No
 - a. Radio primary frequency 468.950/462.950
 - b. Other methods RACES
 - c. Can all medical response units communicate on the same disaster communications system? ☒ Yes ☐ No
 - d. Do you participate in the Operational Area Satellite Information System ☒ Yes ☐ No
 - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services ☒ Yes ☐ No
 - 1) Within the operational area? ☒ Yes ☐ No
 - 2) Between operation area and the region and/or state? ☒ Yes ☐ No

TABLE 4: COMMUNICATIONS

Note: Table 4 is to be answered for each county.

County: Mariposa County

Reporting Year: CY 2018

- | | |
|---|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>CalFire ECC</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>CalFire ECC</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>159.390/151.460</u> | |
| b. Other methods <u>RACES</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |

TABLE 4: COMMUNICATIONS

Note: Table 4 is to be answered for each county.

County: Stanislaus County

Reporting Year: CY 2018

- | | |
|--|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>4</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>2</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>Valley Regional Emergency Communications Center (VRECC)</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>Valley Regional Emergency Communications Center (VRECC)</u> | |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>157.6125/463.00</u> | |
| b. Other methods <u>RACES</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |



2018 EMS Plan Update

Table 5

TABLE 5: RESPONSE/TRANSPORTATIONReporting Year: CY 2018**Note:** Table 5 is to be reported by agency.**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers 36

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

ALPINE COUNTY	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	ASAP	ASAP	ASAP	ASAP

AMADOR COUNTY	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	12:00	20:00/30:00	ASAP	N/A

CALAVERAS COUNTY	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	13:00/20:00	13:00/20:00	N/A	N/A

MARIPOSA COUNTY

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	8:00	12:00/20:00	ASAP	N/A

STANISLAUS COUNTY

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	7:30	11:30/19:30	ASAP	N/A



2018 EMS Plan Update

Table 6

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2018

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria
2. Number of major trauma victims transported directly to a trauma center by ambulance
3. Number of major trauma patients transferred to a trauma center
4. Number of patients meeting triage criteria who weren't treated at a trauma center

N/A*

2825

413

Unknown

Emergency Departments

Total number of emergency departments

8

1. Number of referral emergency services
2. Number of standby emergency services
3. Number of basic emergency services
4. Number of comprehensive emergency services

0

0

8

8

Receiving Hospitals

1. Number of receiving hospitals with written agreements
2. Number of base hospitals with written agreements

0

8

*Trauma Centers do not capture this



2018 EMS Plan Update

Table 7

TABLE 7: DISASTER MEDICAL

Reporting Year: 2018

County: Alpine

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Woodsfords Fire Dept and Turtle Creek
 - b. How are they staffed? County Staff and Mutual Aid
 - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☐ Yes ☒ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
 - b. At what HazMat level are they trained? N/A
 - c. Do you have the ability to do decontamination in an emergency room? ☐ Yes ☒ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☐ Yes ☒ No
 - b. exercise? ☐ Yes ☒ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
N/A
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☐ Yes ☒ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☐ Yes ☒ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☒ Yes ☐ No
9. If not, to whom do you report?
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL

Reporting Year: 2018

County: Amador

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? American Legion Hall post 108, Sutter Creek
 - b. How are they staffed? County Staff and Mutual Aid
 - c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No
2. CISD
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☐ Yes ☒ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
 - b. At what HazMat level are they trained?
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 2
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☐ Yes ☒ No
 - b. exercise? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
_____ N/A _____
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☐ Yes ☒ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☒ Yes ☐ No
9. If not, to whom do you report?
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL

Reporting Year: 2018

County: Calaveras

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Frogtown Fairgrounds
 - b. How are they staffed? County Staff and Mutual Aid
 - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☐ Yes ☒ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
 - b. At what HazMat level are they trained?
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 2
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☐ Yes ☒ No
 - b. exercise? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
_____N/A_____
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? X Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? X Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? X Yes ☐ No
8. Are you a separate department or agency? X Yes ☐ No
9. If not, to whom do you report?
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? X Yes ☐ No

TABLE 7: DISASTER MEDICAL

Reporting Year: 2018

County: Mariposa

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Coulterville and Mariposa Airport
 - b. How are they staffed? County Staff and Mutual Aid
 - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☐ Yes ☒ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
 - b. At what HazMat level are they trained?
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 2
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☐ Yes ☒ No
 - b. exercise? ☐ Yes ☒ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
_____N/A_____
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☐ Yes ☒ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☒ Yes ☐ No
9. If not, to whom do you report?
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL

Reporting Year: 2018

County: Stanislaus

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Turlock Fairgrounds and Hammond Senior Center Patterson
 - b. How are they staffed? County Staff and Mutual Aid
 - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☐ Yes ☒ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
 - b. At what HazMat level are they trained?
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 8
3. Have you tested your MCI Plan this year in a:
 - a. real event? ☐ Yes ☒ No
 - b. exercise? ☒ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
_____N/A_____
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? X Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? X Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? X Yes ☐ No
8. Are you a separate department or agency? X Yes ☐ No
9. If not, to whom do you report?
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? X Yes ☐ No



2018 EMS Plan Update

Table 8

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Stanislaus Provider: American Medical Response Response Zone: 1,3,8

Address: 4846 Stratos Way Number of Ambulance Vehicles in Fleet: 34
Modesto, CA 95355

Phone Number: 209-567-4030 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 16

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport Ground <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

56567 Total number of responses
38120 Number of emergency responses
18447 Number of non-emergency responses

42794 Total number of transports
29845 Number of emergency transports
12949 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

County:	Stanislaus	Provider:	Oak Valley Ambulance	Response Zone:	4, D
Address:	350 Oak St. Oakdale, CA 95361	Number of Ambulance Vehicles in Fleet:	5		
Phone Number:	209-847-3011	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	4		

County:	Stanislaus	Provider:	Oak Valley Ambulance	Response Zone:	4, D
Address:	350 Oak St. Oakdale, CA 95361	Number of Ambulance Vehicles in Fleet:	5		
Phone Number:	209-847-3011	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	4		

<u>Written Contract:</u> X <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> X <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> X <input type="checkbox"/> Transport Ground X <input type="checkbox"/> Non-Transport Water X <input type="checkbox"/> ALS X <input type="checkbox"/> BLS X <input type="checkbox"/> 7-Digit CCT X <input type="checkbox"/> Air X <input type="checkbox"/> IFT X <input type="checkbox"/> 9-1-1 X <input type="checkbox"/>	
<u>Ownership:</u> X <input type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law X <input type="checkbox"/> Other Explain: _Hospital_____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State X <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

6508	Total number of responses
4482	Number of emergency responses
2026	Number of non-emergency responses

4478	Total number of transports
3219	Number of emergency transports
1259	Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Stanislaus **Provider:** Patterson District Ambulance **Response Zone:** 5

Address: 875 E. St. **Number of Ambulance Vehicles in Fleet:** 4
Patterson, CA 95363

Phone Number: 209-892-2618 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport Ground <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Hospital</u>	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

2503 Total number of responses
1821 Number of emergency responses
682 Number of non-emergency responses

1605 Total number of transports
1214 Number of emergency transports
391 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Stanislaus Provider: Pro-Transport1 Response Zone: C

Address: 2633 Tully Rd Number of Ambulance Vehicles in Fleet: 4
Hughson, CA 95326

Phone Number: 800-650-4003 Average Number of Ambulances on Duty
 At 12:00 p.m. (noon) on Any Given Day: Two (2)

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport Ground <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

857 Total number of responses
621 Number of emergency responses
236 Number of non-emergency responses

582 Total number of transports
431 Number of emergency transports
151 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Stanislaus **Provider:** Westside Community Ambulance **Response Zone:** A

Address: 151 S. Highway 33
Newman, CA 95361

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 209-862-2951

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Hospital</u>	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

1121 Total number of responses
801 Number of emergency responses
320 Number of non-emergency responses

761 Total number of transports
562 Number of emergency transports
199 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Stanislaus **Provider:** Modesto Fire Department **Response Zone:** Modesto City

Address: 600 11th Street **Number of Ambulance Vehicles in Fleet:** 0
Modesto, CA 95354
Phone Number: 209-572-9590 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>607 ALS</u>	Total number of responses	<u>0</u>	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Stanislaus Provider: Patterson Fire Department Response Zone: Patterson City

Address: 344 W. Las Palmas Ave. Number of Ambulance Vehicles in Fleet: 0
Patterson, CA 95363

Phone Number: 209-895-8130 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

114 ALS Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

0 Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Stanislaus Provider: Air Methods/Mercy Air Response Zone: _____

Address: 5500 S Quebec St #300 Number of Ambulance Vehicles in Fleet: 1
Greenwood Village, CO 80111

Phone Number: 303-792-7400 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
0 Number of non-emergency responses

165 Total number of transports
165 Number of emergency transports
0 Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Stanislaus Provider: PHI Air Medical Response Zone: _____

Address: 801 Airport way # A
Modesto, Ca 95354

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 209-550-0881

Average Number of Ambulances on Duty
 At 12:00 p.m. (noon) on Any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
0 Number of non-emergency responses

180 Total number of transports
180 Number of emergency transports
0 Number of non-emergency transports

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Stanislaus **Provider:** Reach/CalStar **Response Zone:** _____

Address: 1329 Spanos Ct
Modesto, Ca 95355 **Number of Ambulance Vehicles in Fleet:** _____

Phone Number: 661-992-4786 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

____ Total number of responses
 ____ Number of emergency responses
 ____ Number of non-emergency responses

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports

Air Ambulance Services

____ Total number of responses
 ____ Number of emergency responses
 0 Number of non-emergency responses

169 Total number of transports
 169 Number of emergency transports
 0 Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Amador Provider: American Legion Ambulance Response Zone: 1-15

Address: PO Box 100 Number of Ambulance Vehicles in Fleet: 11
Sutter Creek, CA 95685

Phone Number: 209-223-2963 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: Six (6)

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport Ground <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> X <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

6858 Total number of responses
5342 Number of emergency responses
1516 Number of non-emergency responses

5884 Total number of transports
4020 Number of emergency transports
1564 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Calaveras Provider: American Legion Ambulance Response Zone: North, South

Address: PO Box 100 Number of Ambulance Vehicles in Fleet: 7
Sutter Creek, CA 95685

Phone Number: 209-223-2963 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: Four (4)

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

4718 Total number of responses
3799 Number of emergency responses
919 Number of non-emergency responses

3750 Total number of transports
2800 Number of emergency transports
950 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Calaveras Provider: Ebbetts Pass Fire District Response Zone: East

Address: PO Box 66 Number of Ambulance Vehicles in Fleet: 5
Arnold, CA 95223

Phone Number: 209-795-1646 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: Three (3)

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport Ground <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

742 Total number of responses
742 Number of emergency responses
 _____ Number of non-emergency responses

742 Total number of transports
742 Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Calaveras Provider: Copperopolis Fire protection District Response Zone: South

Address: PO Box 131-370 Main St. Number of Ambulance Vehicles in Fleet: 0
Copperopolis, CA 95228

Phone Number: 209-785-2393 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

Not Reported	Total number of responses	<u>0</u>	Total number of transports
<u> </u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Mariposa Provider: Mercy Medical Transport Response Zone: County EOA

Address: PO Box 5004 Number of Ambulance Vehicles in Fleet: 5
Mariposa, CA 95338

Phone Number: 209-966-5762 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: Three (3)

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

2532 Total number of responses
2532 Number of emergency responses
 _____ Number of non-emergency responses

2052 Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Stanislaus **Provider:** Stanislaus Consolidated Fire **Response Zone:**
 Protection District

Address: 3324 Topeka St
 Riverbank, CA 95367

Phone Number: 209-869-7470

Number of Ambulance Vehicles in Fleet: 0

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

97 ALS Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

0 Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:
Mountain-Valley EMS Agency
Area or subarea (Zone) Name or Title:
Alpine County
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>
The current provider of emergency ground ambulance services in this zone is Alpine County EMS. This provider has provided emergency ambulance services, as a first responder, without interruption since June, 1998. Alpine County continues to depend upon mutual aid response for ALS ambulance services. ALS ambulances are dispatched from surrounding counties and either rendezvous with the Alpine County EMS ambulance, arrive on scene, or be canceled.
Area or subarea (Zone) Geographic Description:
Alpine County
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small>
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>
Not Applicable

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Amador County

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The current provider of emergency ground ambulance services in this zone is American Legion Ambulance Service. This provider has provided emergency ambulance services without interruption since 1929.

Area or subarea (Zone) Geographic Description:

GRIDS BY RESPONSE AREA

URBAN

B141, B151-152, B161-162, B209-210, B218-220, B229, B238, D108-109, D121-125, D133-139, D142-143, D146-151, D155, D157, D162-164, D168-D170, D174, D182-183, D186, D195-196, E107-109, E112-116, E122-123, E129-131, E138-140, E142-145, E149-151

SUBURBAN

A152-154, A172-173, B105-106, B115, B124, B133, C167, D106-107, D115, D118-120, D128-132, D141, D144, D156, D161, D171-173, D175-177, D184-185, D197-198, E110-111, E118

RURAL

A106, A117-118, A123-124, A130, A136-139, A142-144, A148-150, A155-158, A161, A164-170, A174-175, B100-102, B104, B107-108, B110, B112-114, B116, B119, B125, B134, B136, B145-146, B149-150, B155-156, B165-166, B172-173, B175, B178, B181, B185, B188-191, B193-194, B201-205, B208, B211-215, B217, B221-224, B228, B230-233, B237, C101, C103, C106-110, C113-119, C122, C124-127, C129-130, C132, C134 - 141, C145-149, C151, C153, C157-166, C168-171, D101, D104-105, D110-112, D114, D145, D152, D158, D165, D178, D181, D187-190, D199, D204, D209-210, D213-214, D222, E102, E105-106, E119-121, E126, E134-137, E145-147, E152-153, E155

WILDERNESS

A100-103, A105, A107-116, A119-122, A125-129, A131-135, A140-141, A145-147, A151, A159-160, A162-163, A171, A176-178, B103, B109, B111, B117-118, B120-123, B126-132, B135, B137-140, B142-144, B147-148, B153-154, B157-160, B163-164, B167-171, B174, B176-177, B179-180, B182-184, B186-187, B192, B195-200, B206, B216, B225-227, B234-236, B239-248, C102, C105, C111-112, C120-121, C123, C128, C131, C133, C142, 144, C150, C152, C154-156, D102-103, D113, D116-117, D126-127, D153-154, D166-167, D179-180, D191-194, D200-203, D205-208, D211, D215-221, D223, 231, E100-101, E103-104, E117, E124-125, E127-128, E132-133, E141, E148, E154, E156, F100-297

DIFFICULT TO ACCESS AREAS

D108, D162, D174, D186, E107-109, E112-E116, E122, E129, E143

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

The ambulance provider agreement between the LEMSA and American Legion Ambulance Service specifies that American Legion Ambulance Service is the exclusive operator of ALS ground ambulance and emergency ground ambulance services for that County

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance, All ALS ambulance (9-1-1 and IFT), BLS Non-Emergency Services, Standby Service with Transportation Authorization

"Emergency ground ambulance" is used to differentiate between air and ground services, as found in Health and Safety Code, Division 2.5, Section 1797.85

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

American Legion Ambulance was "Grandfathered" into Amador County as the sole provider of ALS and emergency ground ambulance services due to no changes in manner and scope of service to the area other than upgrading to LALS and then ALS services in the early 1990s. In November, 1999, the Amador County Board of Supervisors approved a county ambulance ordinance that further defined "emergency ground ambulance services" to reflect the maximum level of exclusivity allowed according recent court decisions. These court cases, "Schaefer v. San Bernardino County" and "Redwood Empire v Sonoma County" define "emergency ambulance services" as found in the Health and Safety Code, Division 2.5, Section 1797.85.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Calaveras County

Area or subarea (Zone) Name or Title:

The East Zone is the Ebbett's Pass Fire District, generally described as the eastern portion of the county, bounded on the south by the Tuolumne county line, the east by the Alpine county line, north by Amador county line, and the west generally on the line beginning at the point due north of the Blue Mountain at the Amador County line, west to Mineral Mountain Road, then generally southward following the native geography to a point at Utica Powerhouse Road and Hwy 4, then generally south and east to a point on the county line at the West Fork of the Stanislaus River in the vicinity of West Pennsylvania Gulch Road

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Ebbett's Pass Fire Protection District

Area or subarea (Zone) Geographic Description:

The East Zone is the Ebbett's Pass Fire District, generally described as the eastern portion of the county, bounded on the south by the Tuolumne county line, the east by the Alpine county line, the north by the Amador county line, and the west generally on a line beginning at a point due north of Blue Mountain at the Amador County line, west to Mineral Mountain Road, then generally southward following the native geography to a point at Utica Powerhouse Road and Hwy. 4, then generally south and east to a point on the county line at the West Fork of the Stanislaus River in the vicinity of West Pennsylvania Gulch Road.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance; All Emergency Ambulance Services, 9-1-1 Emergency Response, 7-Digit Emergency Response, ALS Ambulance, All CCT Ambulance Services, BLS Non-Emergency Service & InterFacility Transfer (IFT), Standby Service with Transport Authorization.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Competitive Bid Process determined by RFP (#2014-01) Contract term: 6/1/15 - 6/30/2020

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency – Calaveras County

Area or subarea (Zone) Name or Title:

North Zone – Calaveras County

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Legion Post Number 108 began providing service in the North Zone on July 1, 2005, after winning a competitive bid process. American Legion Ambulance was the successful bidder through a competitive bid process conducted in 2014 and continued providing service under a new agreement beginning July 1, 2015.

Area or subarea (Zone) Geographic Description:

The North Zone is generally the north and northwest portions of the county, including the towns of West Point, Valley Springs, Mokulemne Hill, Jenny Lind, and San Andreas. It is bordered on the north and west by Amador San Joaquin, and Stanislaus county lines, the southeast by the border of the Ebbett's Pass Fire District, and on the south by a line that is coincident with the southern boundary of the Sheep Ranch, San Andreas, Valley Springs Community Areas, until the intersection of the southern boundary of the Foothill Fire Protection District, then west to the Stanislaus county line.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance; All Emergency Ambulance Services, 9-1-1 Emergency Response, 7-Digit Emergency Response, ALS Ambulance, All CCT Ambulance Services, BLS Non-Emergency & Inter-Facility Transport (IFT), Standby Service with Transport Authorization

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Competitive Bid Process determined by RFP (#2014-01) Contract term: 6/1/2015 – 6/30/2020.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

South Zone – Calaveras County

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Legion Post Number 108 began providing service in the South Zone on July 1, 2005, after winning a competitive bid process. American Legion Ambulance was the successful bidder through a competitive bid process conducted in 2014 and continued providing service under a new agreement beginning July 1, 2015.

Area or subarea (Zone) Geographic Description:

The South Zone is generally the southwestern portion of the county, including the towns of Murphys, Copperopolis, Altaville, Milton, and the City of Angels Camp. It is bounded on the northeast by the Ebbett's Pass Fire District, southeast by the Stanislaus county line, southwest by the Tuolumne county line, and the north by a line that is coincident with the southern boundary of the Sheep Ranch, San Andreas, Valley Springs Community Areas, until the intersection of the southern boundary of the Foothill Fire Protection District, then west to the Stanislaus county line.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance; All Emergency Ambulance Services, 9-1-1 Emergency Response, 7-Digit Emergency Response, ALS Ambulance, All CCT Ambulance Services, BLS Non-Emergency Service & InterFacility Transfer (IFT), Standby Service with Transport Authorization.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Competitive Bid Process determined by RFP (#2014-01) Contract term: 6/1/2015 – 6/30/2020.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:
Mountain-Valley EMS Agency – Mariposa County
Area or subarea (Zone) Name or Title:
Mariposa County
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>
The current provider of emergency ground ambulance services and Advanced Life Support Services in Mariposa County is Mercy Medical Transport (MMT). MMT has provided ambulance services in Mariposa County since January 1, 1994.
Area or subarea (Zone) Geographic Description:
Mariposa County
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small>
Non-Exclusive
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>
Not Applicable

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone 1

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

911 Emergency Medical Services, Inc and Doctors Ambulance provided emergency ambulance services without interruption from 1958 through 1994.

American Medical Response became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger which left 911 Emergency Medical Services Inc. technically intact but with American Medical Response as the lead company.

Area or subarea (Zone) Geographic Description:

Zone 1 is in north central Stanislaus County encircling the City of Modesto. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing at a point directly north of Oakdale Road on the border of Stanislaus county adjacent to San Joaquin County northwest of the City of Riverbank, the line proceeds west southwesterly along the county line to the confluence of the San Joaquin River and the Tuolumne river; southeasterly along the Tuolumne River and continuing east northeasterly along the Tuolumne River to a point south of Goodwin Road; northerly to Yosemite Blvd; westerly along Yosemite Blvd to Wellsford Road; northerly along Wellsford Road to Milnes Road; northwesterly along Santa Fe tracks to Claribel Road; westerly along Claribel Road to Oakdale Road; then northerly along Oakdale Road to the Stanislaus County line adjacent to San Joaquin County northwest of the City of Riverbank at a point directly north of Oakdale Road.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

D441 – D442, D541 – D544, D641 – D644, E134 – E146, E234 – E251, E333 - E351, E432 – E452, E536- E553, E635 - E646, E652, F135 - F142, F144 - F146, F235, F241 – F242

SUBURBAN

D443-D444, D536, D633 – D636, E133, E232 - E233, E331 – E332, E352, E431, E531 - E535, E453 E634, E653 - E654, F134, F234,

RURAL

D533 - D535, D626 - D632, E126 - E132, E225 – E231, E326, E426, E526, E353, E626 - E633, E651, F126 - F133, F151 - F152, F231 – F233, F 331 - F334, F432

WILDERNESS

D341 - D343, D432-D433, D435 – D436, D532, E124 - E125, E222 – E224, E322 – E325, E422– E425, E522 – E525, E622 - E625, F124 - F125, F225 - F226

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

911 Emergency Medical Services, Inc. and Doctors Ambulance of Modesto were "Grandfathered" into Zone One as providers of emergency ground ambulance services pursuant to a shared ambulance provider agreement for Zone One with an agreement start date of July 1, 1992. 911 Emergency Medical Services, Inc. has provided uninterrupted emergency ground ambulance services in this zone since 1958. The company provided Advanced Life Support ambulance services from 1973 to the present. Doctors Ambulance Company of Modesto began providing emergency ground ambulance service in Zone One in 1970 and began providing ALS ambulance services in 1973. Doctors Ambulance Company was dissolved as a corporate entity in July of 1995 and pursuant to the Zone One ambulance agreement, which agreement reverted entirely to American Medical Response. American Medical Response absorbed the corporate entity, "911 Emergency Medical Services, Inc.," in September, 1994, and has provided ALS ambulance services in Zone One through the present. The provision of ALS, and BLS emergency and non-emergency service has been solely provided by American Medical Response, and the companies which they purchased. The provision of IFT's has been provided by American Medical Response, and the companies which they purchased.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone 3

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

911 Emergency Medical Services, Inc. provided emergency ambulance services without interruption from 1958 through 1994.

American Medical Response became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger which left 911 Emergency Medical Services Inc. technically intact but with American Medical Response as the lead company.

Area or subarea (Zone) Geographic Description:

Zone 3 is in the central area of Stanislaus County encircling the City of Ceres. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing at Carpenter and Taylor Roads; then easterly on Taylor Road to Moffet Road; then northerly on Moffett Road to Keyes Road; then easterly on Keyes Road to Washington Road; then northerly on Washington Road to Service Road; then westerly on Service Road to Faith Home Road; then northerly on Faith Home Road to the Tuolumne River; then westerly along the Tuolumne River to a point just northwest of Broyle Road; then south to Grayson Road; then easterly on Grayson Road to Laird Road; then southerly on Laird Road to Keyes Road; then easterly on Keyes Road to Carpenter Road; then southerly on Carpenter Road to Taylor Road.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

E642-E643, F136, F142-F146, F235-F246, F341-F346, F442-F451, F542-F551

SUBURBAN

F335-F336, F436 – F441, F541, F642-F645, G145

RURAL

F332 - F334, F432 - F435, F532 - F536, F641

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were

to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

911 Emergency Medical Services, Inc. was "Grandfathered" into Zone Three as a provider of emergency ground ambulance services pursuant to an agreement with a start date of July 1, 1992. 911 Emergency Medical Services, Inc. provided uninterrupted emergency ground ambulance services in this zone since 1972. 911 Emergency Medical Services, Inc. has provided Advanced Life Support ambulance services from 1973 to the present. American Medical Response absorbed the corporate entity, "911 Emergency Medical Services, Inc.," in September, 1994, and has provided ALS ambulance services in Zone Three through the present.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone 8

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The current provider of emergency ground ambulance services Zone 8 is American Medical Response (AMR).

Turlock Ambulance Service, Inc (TAS) provided service without interruption from 1964 through October, 1995, when AMR absorbed TAS as a corporate entity. AMR has provided emergency ground ambulance services since October, 1995.

Area or subarea (Zone) Geographic Description:

Zone 8 is in the south central area of Stanislaus County encircling the City of Turlock. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing on the border of Stanislaus County adjacent to Merced County where the San Joaquin River enters the County; then northeasterly along the County line to a point where Keyes Road exits the County; then westerly along Keyes Road to Hickman Road; then northerly along Hickman Road to Whitmore Road; then westerly along Whitmore Road to a point just east of Downie Road; then southerly to a point east of Service Road; then westerly along Service Road to Waring Road; then southerly along Waring Road to Keyes Road; then westerly along Keyes Road to Mountain View Road; then northerly along Mountain View Road to Grayson Road; then westerly along Grayson Road to Washington Road; then southerly along Washington Road to Keyes Road; then westerly along Keyes Road to Moffet Road; then southerly along Moffet Road to Taylor Road; then westerly along Taylor Road to Crows Landing Road; then southerly along Crows Landing Road to the San Joaquin River; then southerly along the San Joaquin River to the County line.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

F552, F646 – F653, F661, G152 – G162, G252 – G261, G352 – G361, G451 – G461, G552 – G556, G652- G656

SUBURBAN

F461 - F462, F561 – F562, F645, F654 – F656, F662, G143 – G151, G163, G243 – G251, G262, G343 - G351, G362, G443 - G446, G462, G544- G551, G561, G644 - G651, H144– H154

RURAL

F363, F463, F563, F663 - F666, G164 - G171, G263 – G266, G363 - G365, G463, G542 - G543, G642 - G643, H142 - H143, H242 – H245, H251, H344 - H345

WILDERNESS

F671 - F676, G172 - G174, G271 – G272 G366, G464, G562, H246, H252, H342 - H343, H346, H442 – H444

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Turlock Ambulance Service, Inc. was "Grandfathered" into Zone Eight as a provider of emergency ground ambulance services pursuant to an agreement with a start date of September 1, 1992. Turlock Ambulance Service, Inc. provided Advanced Life Support ambulance services from 1973 to October of 1995. American Medical Response absorbed the corporate entity, "Turlock Ambulance Service" in October, 1995, and continues to provide ambulance services in Zone Eight to the present.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone B

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Currently there are two providers of emergency ground ambulance services in this zone. Del Puerto Hospital District has provided emergency ambulance services without interruption since 1985. American Medical Response began providing coverage in this zone in November 2007.

Area or subarea (Zone) Geographic Description:

Zone B is an area of approximately twenty square miles located in a lightly populated area shaped like an upside down inverted "L" which is nearly equidistant to the cities of Turlock in the east, Patterson in the west, and Ceres in the north. Its boundaries are specifically described as follows:

Commencing in northwestern corner at the junction of Laird Road and Keyes Road, east to Carpenter Road; south on Carpenter Road to Taylor Road; east on Taylor Road to Crows Landing Road; south on Crows Landing Road to Carpenter Road; north on Carpenter Road to Monte Vista Road; west on Monte Vista Road to the end of the road and continue in a straight line to the San Joaquin River; north east along the San Joaquin River to the Del Puerto Creek confluence; northeasterly to the Keyes Road and Laird Road Juncture.

AMERICAN MEDICAL RESPONSE GRID RESPONSIBILITY

SUBURBAN

G142, G242, G342, G442

RURAL

G542, G642, H142, H242

DEL PUERTO HOSPITAL DISTRICT RESPONSE GRID RESPONSIBILITY

RURAL

F632 – F636, G132 - G141, G241, G341, G441, G541, G641, H141, H241

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Non-exclusive

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:
Mountain-Valley EMS Agency
Area or subarea (Zone) Name or Title:
Zone 5
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>
Del Puerto Health Care District has provided Paramedic level emergency ground services since 1978
Area or subarea (Zone) Geographic Description:
<p>Zone 5 is in northwestern Stanislaus County encircling the City of Patterson. It is depicted on the map that follows this AZF and is specifically described as follows:</p> <p>Commencing on the border of Stanislaus County adjacent to San Joaquin County at the San Joaquin River, the line proceeds southwesterly along the county line; then southerly along the county line approximately 3 miles southeast of the point where Del Puerto Canyon Road leaves the county; then easterly to a point on Highway 33 at Anderson Road; then northwesterly along Highway 33 to J.T. Crow Road; then northeasterly along J.T. Crow Road/L.B. Crow Road to the San Joaquin River; then northerly along the San Joaquin River to Carpenter Road; then northerly along Carpenter Road to Monte Vista Avenue; then westerly along Monte Vista Avenue to Jennings Road; southerly along Jennings Road to West Main; westerly along West Main to the San Joaquin River; northerly along the San Joaquin River to Del Puerto Creek; from Del Puerto Creek to the juncture of Keyes Road and Laird Road; northerly along Laird Road to Grayson Road; westerly on Grayson Road to a point west of Broyle Road; northerly to the Tuolumne River; northwesterly along the Tuolumne River to its confluence with the San Joaquin River; then northwesterly along the San Joaquin River to the County line.</p>
<u>DEMOGRAPHIC ZONE GRID DESCRIPTION</u>
<u>URBAN</u> G331 – G332, G426-G434, G525-G533, G625 – G633, H133
<u>SUBURBAN</u> G226 – G232, G326, G333 - G334, G425, G435, G524, G534, G624, G634, H125 – H132, H134, H233
<u>RURAL</u> E615 - E622, F115 – F122, F213 - F222, F231, F314-F322, F331 – F332, F415-F432, F515 – F532, F615-F632, G122- G132, G223- G225, G233 -G236, G323 – G325, G335 - G336, G423 – G424, G436, G523, G535 - G536, G623, G635-G641, H 124, H135 - H141, H225 – H232, H234 – H242, H333-H342, H416 – H421, H433 - H442, H533 – H541, H634 - H636
<u>WILDERNESS</u> E416 - E421, E515 - E522, E614, E623 – E624, F113 – F114, F123 – F125, F212 , F223 – F226, F311-F313, F323- F326, F410-F414, F509-F514, F608-F614, G107-G121, G206-G222, G305-G322, G404-G422, G505 – G522, G605-G622, H106 – H123, H205 – H224, H305 –H332, H406- H432, H508-H532, H608 - H633

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of the ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Stanislaus County Board of Supervisors at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (also shown on the map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Provider was "Grandfathered." Del Puerto Health Care District provided uninterrupted service and no change in manner and scope since before January 1, 1981 as shown below:

In 1973, Del Puerto Health Care District took over operation of emergency ground ambulance services and was staffed at the EMT level. In 1978, their medical scope of practice changed to Paramedic. Del Puerto Healthcare District has been the sole provider of ALS and BLS services in Zone 5. IFTs were provided by Del Puerto Healthcare District until such time that the hospital located within Zone 5 was closed. On January 1, 1980, Del Puerto Health Care District contracted with Memorial Hospital Association (M.M.H.) of Modesto to provide emergency ground ambulance services at the Paramedic level. A copy of that contract indicates that although day to day operations were provided by M.M.H., Del Puerto Health Care District remained responsible for policy level decisions. In 1986, the Del Puerto Health Care District resumed operating its own ambulance (Patterson District Ambulance) for emergency ground ambulance services at the Paramedic level which has continued to the present. The emergency response system is activated through 9-1-1 Emergency Response.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone 4

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The current provider of emergency ground ambulance services in this zone is Oak Valley Hospital District, dba Oak Valley Ambulance. This provider has provided emergency ambulance services without interruption since 1973.

Area or subarea (Zone) Geographic Description:

Zone 4 is in the northern apex of the Stanislaus County encircling the City of Oakdale.

Commencing on the border of Stanislaus County at the apex adjacent to Amador County and San Joaquin County; the line proceeds southerly and then westerly along the Stanislaus and San Joaquin borders to a point just northwest of the City of Riverbank; then proceeding southerly along Oakdale Road; then easterly along Claribel Road; then southeasterly along the Santa Fe tracks to Milnes Road; then east along Milnes Road to Crow Road; then north along Crow Road to Clarabel Road; then easterly along Claribel Road to Tim Bell Road; then northeasterly along Tim Bell Road to Warnerville Road; then easterly along Warnerville Road/Cooperstown Road to the border of Stanislaus County to the apex adjacent to Amador and San Joaquin County.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

C551, C651 - C652, D151-D164, D251 - D263, D351- D361, D445-D461, D545-D552, D561, D645- D652, E146 – E151, E251

SUBURBAN

C451, C552, C653 - C665, D165, D264, D362 – D363, D462, D553 - D556, D562, D653, D661, E152, E252

RURAL

C151 – C153, C251 – C253, C351 - C353, C452-C456, C471 - C472, C553- C573, C666-C672, D166, D265, D364, D463, D563 D654-D656, D662, E153 - E161, E253-E261

WILDERNESS

A051, A151-A152, A251 – A253, A351 – A354, A451- A455, A551 – A556, A651 – A656, B151-B161, B251-B262, B351-B364, B451-B464, B551-B565, B651-B666, C154-C166, C254 - C271, C354-C372, C461 - C466, C473, C574, C673-C675, D171-D176, D266-D281, D365-D383, D464-D483, D564-D582, D 663 - D671, D675

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response, ALS Transport

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Provider was "Grandfathered." Del Puerto Health Care District provided uninterrupted service and no change in manner and scope since before January 1, 1981 as shown below:

Oak Valley Hospital District was "Grandfathered" into Zone Four as a provider of emergency ground ambulance services pursuant to an agreement with a start date of January 1, 1993. Oak Valley District Hospital has provided Advanced Life Support ambulance service from 1975 to the present.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone D

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The current provider of emergency ground ambulance service in this zone is Oak Valley District Hospital

Area or subarea (Zone) Geographic Description:

Zone D is in the eastern apex of Stanislaus County encircling the City of Waterford. It is depicted on the maps attached as Exhibit A and is specifically described as follows:

Commencing on the Stanislaus County line adjacent to Merced County at the point where Keyes Road exits the County; then northeasterly and northwesterly along the County line to a point east and on line with Warnerville Road; then westerly along Cooperstown/Warnerville Road to Tim Bell Road; then southerly on Tim Bell Road to Claribel Road; then westerly on Claribel Road to Crow Road; then southerly on Crow Road to Milnes Road; then westerly on Milnes Road to Wellsford Road; then southerly on Wellsford Road to Highway 132; then easterly on Highway 132 to Goodwin Road; then southerly to the Tuolumne River; then easterly along the Tuolumne River to the northern end of Swanson Road; then curving southerly to Virginia Road and Whitmore Road; then easterly along Whitmore Road to Hickman Road; then southerly along Hickman Road to Keyes Road; then easterly along Keyes Road to the County line.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

E463, E562-564, E661 - E664, F164

SUBURBAN

E363, E453, E462, E464, E554 – E561, E565, E654 - E656, E665, F162 - F163, F165, F264

RURAL

E162, E262 – E263, E266, E353 - E362, E364 - E371, E454 -E461, E465-E471, E566-E571, E666-E673, F154 – F161, F166 – F174, F263, F265 -F266, F364 – F365, F464 F465, F564 – F565

WILDERNESS

D482 – D484, D572-D585, D671-D686, E163-E191, F264-E265, E271 – E292, E372-E393, E472- E494, E572 – E595, E674 -E695, F175 - F194, F271-F292, F366- F386, F466-F484, F566-F582

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Non-Exclusive

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled

"Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map). Waterford Community Ambulance began providing emergency ambulance services in 1962 and provided these services without interruption until May, 1996, when Oak Valley District Hospital began providing emergency ground ambulance services in Zone Six per an agreement with Waterford Community Ambulance. However, based upon a change, the cessation of Waterford Community Ambulance Board of Directors, shortly thereafter, this zone is designated as a non-exclusive operating area as of February 12, 2003. Zone Six was re-titled Zone D to reflect its change from an exclusive to non-exclusive response area.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone C

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The Provider in Zone C is ProTransport-I, Inc. who began service in November 2008

Area or subarea (Zone) Geographic Description:

Zone C is in the east central area of Stanislaus County encircling the City of Hughson. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing at the corner of Grayson and Washington Roads; then easterly on Grayson Road to Mountain View Road; then southerly on Mountain View Road to Keyes Road; then easterly on Keyes Road to Waring Road; then northerly on Waring Road to Service Road; then easterly on Service Road to a point east of Downie Road; then northerly parallel and east of Downie Road to a point northeast of Lyon and Virginia Road; then curving westerly across the northern end of Swanson Road to the Tuolumne River; then westerly along the Tuolumne River to a point north of Faith Home Road; then southerly along Faith Home Road to Service Road; then easterly along Service Road to Washington Road; then southerly along Washington Road to Grayson Road.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

F153, F253 - F254, F351-F355, F452-F455, F553-F554

SUBURBAN

E653 - E654, F251 - F252, F255, F356-F362, F456, F555 - F556

RURAL

F151 - F152, F154 - F162, F256 - F262

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Non-Exclusive

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map). Zone C will become an exclusive operating area only following a competitive bid process.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:
Mountain-Valley EMS Agency
Area or subarea (Zone) Name or Title:
Zone A
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>
The current provider of emergency ground ambulance services in this zone is West Side District Ambulance. This provider has provided emergency ambulance services without interruption since 1985.
Area or subarea (Zone) Geographic Description:
Zone A is generally the extreme southwestern portion of Stanislaus County, including the City of Newman, and is specifically described as follows: Commencing at the point where Del Puerto Canyon Road leaves the County, east to a point on Highway 33 at Anderson Road, northwesterly along Highway 33 to JT Crow Road, then northeast along JT Crow Road/LB Crow Road to the San Joaquin River, then southeasterly along the river to the Merced County line, then southwesterly along the Stanislaus/Merced County line to the intersection of the Santa Clara County line, then generally northwesterly along the Santa Clara County line to the point where Del Puerto Canyon Road leaves the County.
<u>DEMOGRAPHIC ZONE GRID DESCRIPTIONS</u>
<u>URBAN</u> I144, I336 – I342, I436 – I442,
<u>SUBURBAN</u> I236 – I242, I335, I343, I435, I536 - I541,
<u>RURAL</u> H342, H441 – H442, H536 – H542, H635 – H644, I134 – I142, I233 – I235, I243, I333 – I334, I434, I535, I635 – I636,
<u>WILDERNESS</u> H443, H543, I108 – I133, I208 – I232, I244, I309 – I332, I408 – I433, I506 – I534, I606 – I634, J106 – J135, J206 – J234, J306 – J333, J407 – J432, J508 – J531, J608 – J626, K109 – K125, K209 – K210, K212 – K214, K 216 – K224, K309 – K310, K321 – K323, K422
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small>
Non-Exclusive
On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors

designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

2018 EMS Plan Update

Table 9

TABLE 9: FACILITIESCounty: Stanislaus

Note: Complete information for each facility by county. Make copies as needed.

Facility: Doctors Medical Center
Address: 1441 Florida Ave
Modesto, Ca 95350Telephone Number: (209)578-1211

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹ EDAP² PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV	
<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Stanislaus

Note: Complete information for each facility by county. Make copies as needed.

Facility: Emanuel Medical Center
Address: 825 Delbon Ave
Turlock, Ca 95380

Telephone Number: (209)667-4200

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Stanislaus

Note: Complete information for each facility by county. Make copies as needed.

Facility: Kaiser Modesto
 Address: 4601 Dale Rd
Modesto, Ca 95350

Telephone Number: (209)735-5000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁷ EDAP⁸ PICU⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III	<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes No
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⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Stanislaus

Note: Complete information for each facility by county. Make copies as needed.

Facility: Memorial Medical Center
Address: 1700 Coffee Rd
Modesto, Ca 95350

Telephone Number: (209)526-4500

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

¹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Stanislaus

Note: Complete information for each facility by county. Make copies as needed.

Facility: Oak Valley Hospital
 Address: 350 S. Oak Street
Oakdale, Ca 95361

Telephone Number: (209)847-3011

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center¹³ EDAP¹⁴ PICU¹⁵		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>STEMI Center:</u> Yes <input checked="" type="checkbox"/> No				<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

¹³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Amador

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sutter Amador Hospital
Address: 200 Mission Blvd
Jackson, Ca 95642

Telephone Number: (209)223-7500

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁶ EDAP¹⁷ PICU¹⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Calaveras

Note: Complete information for each facility by county. Make copies as needed.

Facility: Mark Twain Medical Center
Address: 768 Mountain Ranch Rd
San Andreas Ca 95249

Telephone Number: (209)754-3521

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁹ EDAP²⁰ PICU²¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Mariposa

Note: Complete information for each facility by county. Make copies as needed.

Facility: John C Fremont
 Address: 5189 Hospital Rd
Mariposa, Ca 95338

Telephone Number: (209)966-0850

<u>Written Contract:</u>	<u>Service:</u>		<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²² EDAP²³ PICU²⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III
			<input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

²² Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



2018 EMS Plan Update

Table 10

TABLE 10: APPROVED TRAINING PROGRAMS**County:** Amador County**Reporting Year:** 2018**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<u>Jackson Fire Department</u>		Telephone Number:	<u>(209) 304-2781</u>
Address:		<u>33 Broadway</u>			
		<u>Jackson, CA. 95642</u>			
Student Eligibility*:	<u>Open/ as needed</u>	**Program Level	<u>EMT</u>		
	Cost of Program:				
	Basic: <u>900</u>	Number of students completing training per year:			
	Refresher: <u>Varies</u>	Initial training: <u>0</u>			
		Refresher: <u>0</u>			
		Continuing Education: <u>0</u>			
		Expiration Date: <u>03/2021</u>			
		Number of courses:			
		Initial training: <u>0</u>			
		Refresher: <u>0</u>			
		Continuing Education: <u>0</u>			

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		<u>Ione Fire Department</u>		Telephone Number:	<u>(209) 304-7945</u>
Address:		<u>P.O. Box 1628</u>			
		<u>Ione CA. 95640</u>			
Student Eligibility*:	<u>Open</u>	**Program Level	<u>EMT</u>		
	Cost of Program:				
	Basic: <u>750</u>	Number of students completing training per year:			
	Refresher: <u>250</u>	Initial training: <u>35</u>			
		Refresher: <u>0</u>			
		Continuing Education: <u>0</u>			
		Expiration Date: <u>6/2023</u>			
		Number of courses:			
		Initial training: <u>2</u>			
		Refresher: <u>0</u>			
		Continuing Education: <u>0</u>			

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		lone Fire Department		Telephone Number:		(209) 304-7945	
Address:		P.O. Box 1628					
		lone CA. 95640					
Student Eligibility*:	Varies	Cost of Program:		**Program Level	EMR		
		Basic:		Number of students completing training per year:			
		Refresher:		Initial training:	31		
				Refresher:	0		
				Continuing Education:	0		
				Expiration Date:	6/2023		
				Number of courses:			
				Initial training:	2		
				Refresher:	0		
				Continuing Education:	0		

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Sutter Creek Fire District		Telephone Number:		(209) 274-4548	
Address:		350 Hanford St					
		Sutter Creek, CA. 95685					
Student Eligibility*:	Open/ as needed	Cost of Program:		**Program Level	EMR		
		Basic:	Varies	Number of students completing training per year:			
		Refresher:		Initial training:	25		
				Refresher:	0		
				Continuing Education:			
				Expiration Date:	03/2021		
				Number of courses:			
				Initial training:	0		
				Refresher:	0		
				Continuing Education:			

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS**County:** Calaveras County**Reporting Year:** 2018**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<u>Murphys Fire Department</u>		Telephone Number:	<u>(209) 728-3864</u>
Address:		<u>37 Jones Street</u>			
		<u>Murphys, CA. 95247</u>			
Student Eligibility*:	<u>Open</u>	**Program Level	<u>EMT</u>		
	Cost of Program:				
	Basic:	<u>350</u>	Number of students completing training per year:		
	Refresher:	<u></u>	Initial training:	<u>28</u>	
			Refresher:	<u>0</u>	
			Continuing Education:	<u></u>	
			Expiration Date:	<u>10/2020</u>	
			Number of courses:	<u></u>	
			Initial training:	<u>2</u>	
			Refresher:	<u>0</u>	
			Continuing Education:	<u></u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		<u>Copperopolis Fire Protection District</u>		Telephone Number:	<u>(209) 785-2393</u>
Address:		<u>370 Main Street</u>			
		<u>Copperopolis CA. 95228</u>			
Student Eligibility*:	<u>Varies</u>	**Program Level	<u>EMR</u>		
	Cost of Program:				
	Basic:	<u>varies</u>	Number of students completing training per year:		
	Refresher:	<u></u>	Initial training:	<u>10</u>	
			Refresher:	<u>0</u>	
			Continuing Education:	<u>0</u>	
			Expiration Date:	<u>01/2023</u>	
			Number of courses:	<u></u>	
			Initial training:	<u>1</u>	
			Refresher:	<u>0</u>	
			Continuing Education:	<u>0</u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS

County: Mariposa County

Reporting Year: 2018

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<u>Mariposa County Fire Department</u>		Telephone Number:	<u>(209) 966-4880</u>
Address:		<u>P.O. Box 162</u>			
		<u>Mariposa, CA. 95338</u>			
Student Eligibility*:	<u>Open</u>	**Program Level	<u>EMT</u>		
	Cost of Program:				
	Basic: <u>500</u>	Number of students completing training per year:			
	Refresher: _____	Initial training:		<u>63</u>	
		Refresher:		<u>0</u>	
		Continuing Education:		<u>10/2022</u>	
		Expiration Date:		<u>10/2022</u>	
		Number of courses:			
		Initial training:		<u>2</u>	
		Refresher:		<u>0</u>	
		Continuing Education:		<u> </u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		<u>Mariposa County Fire Department</u>		Telephone Number:	<u>(209) 966-4880</u>
Address:		<u>P.O. Box 162</u>			
		<u>Mariposa, CA. 95338</u>			
Student Eligibility*:	<u>Open</u>	**Program Level	<u>EMR</u>		
	Cost of Program:				
	Basic: _____	Number of students completing training per year:			
	Refresher: _____	Initial training:		<u>35</u>	
		Refresher:		<u>1</u>	
		Continuing Education:		<u>10/2022</u>	
		Expiration Date:		<u>10/2022</u>	
		Number of courses:			
		Initial training:		<u>2</u>	
		Refresher:		<u>2</u>	
		Continuing Education:		<u> </u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Mariposa County SAR		Telephone Number: 209-966-3689	
Address:		P.O. Box 276			
		Mariposa, CA. 95338			
Student Eligibility*:	Closed	**Program Level		EMR	
		Cost of Program:			
		Basic:		Number of students completing training per year:	
		Refresher:		Initial training: 10	
				Refresher: 0	
				Continuing Education:	
				Expiration Date: 07/2020	
		Number of courses:			
		Initial training:		1	
		Refresher:		0	
		Continuing Education:			

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Mariposa County High School		Telephone Number: (209)	
Address:		5074 Old Hwy N			
		Mariposa, CA. 95338			
Student Eligibility*:	Closed	**Program Level		EMR	
		Cost of Program:			
		Basic:		Number of students completing training per year:	
		Refresher:		Initial training: 25	
				Refresher: 1	
				Continuing Education:	
				Expiration Date: 05/2021	
		Number of courses:			
		Initial training:		2	
		Refresher:		1	
		Continuing Education:			

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS**County:** Stanislaus County**Reporting Year:** 2018**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<u>Academy of Professional Development</u>		Telephone Number:	<u>(209) 300-7822</u>
Address:		<u>144 Woodrow Ave, Suite 1</u>			
		<u>Modesto, CA. 95350</u>			
Student Eligibility*:	<u>Open</u>	**Program Level	<u>EMT</u>		
		Cost of Program:			
		Basic:	<u>TBD</u>	Number of students completing training per year:	
		Refresher:	<u></u>	Initial training:	<u>68</u>
				Refresher:	<u>0</u>
				Continuing Education:	<u>0</u>
				Expiration Date:	<u>11/2023</u>
		Number of courses:			
		Initial training:		<u>4</u>	
		Refresher:		<u>2</u>	
		Continuing Education:		<u>0</u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		<u>Abrams College</u>		Telephone Number:	<u>(209) 577-7777</u>
Address:		<u>P.O. Box 307</u>			
		<u>Ceres, CA. 95307</u>			
Student Eligibility*:	<u>Open</u>	**Program Level	<u>EMT</u>		
		Cost of Program:			
		Basic:	<u>875</u>	Number of students completing training per year:	
		Refresher:	<u></u>	Initial training:	<u>397</u>
				Refresher:	<u>26</u>
				Continuing Education:	<u>705</u>
				Expiration Date:	<u>06/2024</u>
		Number of courses:			
		Initial training:		<u>7</u>	
		Refresher:		<u>6</u>	
		Continuing Education:		<u>6</u>	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Ceres Unified School District - Adult Education		Telephone Number:	(209) 556-1557
Address:		P.O. Box 307			
		Ceres, CA. 95307			
Student Eligibility*:	Open	**Program Level	EMT		
		Cost of Program:			
		Basic:	450	Number of students completing training per year:	
		Refresher:		Initial training:	126
				Refresher:	21
				Continuing Education:	396
				Expiration Date:	11/2022
		Number of courses:			
		Initial training:		2	
		Refresher:		1	
		Continuing Education:		2	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Modesto Junior College		Telephone Number:	(209) 549-7030
Address:		1220 Fire Science Lane			
		Modesto, CA. 95351			
Student Eligibility*:	Open	**Program Level	EMT		
		Cost of Program:			
		Basic:	450	Number of students completing training per year:	
		Refresher:		Initial training:	84
				Refresher:	
				Continuing Education:	
				Expiration Date:	11/2022
		Number of courses:			
		Initial training:		2	
		Refresher:			
		Continuing Education:			

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Modesto Junior College		Telephone Number:		(209) 549-7030	
Address:		1220 Fire Science Lane					
		Modesto, CA. 95351					
Student Eligibility*:	Open	Cost of Program:		**Program Level	EMR		
		Basic:	varies	Number of students completing training per year:			
		Refresher:		Initial training:	82		
				Refresher:			
				Continuing Education:			
				Expiration Date:	11/2022		
				Number of courses:			
				Initial training:	3		
				Refresher:			
				Continuing Education:			

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Mountain Valley EMS Agency		Telephone Number: (209) 529-5085	
Address:		1101 Standiford Ave Suite D-1			
		Modesto, CA. 95350			
Student Eligibility*:	Open	**Program Level	EMT		
		Cost of Program:			
		Basic:	TBD	Number of students completing training per year:	
		Refresher:		Initial training:	0
				Refresher:	0
				Continuing Education:	
				Expiration Date:	-
				Number of courses:	
				Initial training:	0
				Refresher:	0
				Continuing Education:	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Mountain Valley EMS Agency		Telephone Number: (209) 529-5085	
Address:		1101 Standiford Ave Suite D-1			
		Modesto, CA. 95350			
Student Eligibility*:	Open	**Program Level	MICN		
		Cost of Program:			
		Basic:		Number of students completing training per year:	
		Refresher:		Initial training:	58
				Refresher:	-
				Continuing Education:	
				Expiration Date:	n/a
				Number of courses:	
				Initial training:	4
				Refresher:	-
				Continuing Education:	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Salida Fire Department		Telephone Number:		(209) 545-0635	
Address:		4820 Salida Boulevard					
		Salida, CA. 95368					
Student Eligibility*:	Closed/ As needed	Cost of Program:	**Program Level	EMR			
		Basic: n/a	Number of students completing training per year:				
		Refresher:	Initial training:		0		
			Refresher:				
			Continuing Education:				
			Expiration Date:		10/2023		
			Number of courses:				
			Initial training:		0		
			Refresher:				
			Continuing Education:				

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.



2018 EMS Plan Update

Table 11

TABLE 11: DISPATCH AGENCY

County: Amador County

Reporting Year: 2018

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	<u>Amador County Sheriff Department, Communications Center</u>		Primary Contact:	<u>Gary Redman</u>
Address:	<u>700 Court Street</u>			
	<u>Jackson, CA. 95642</u>			
Telephone Number:	<u>209-223-6672</u>			
Fax:	<u>209-223-5281</u>			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>12</u> EMD Training	<u> </u> EMT-D
			<u> </u> BLS	<u> </u> LALS
				<u> </u> ALS
				<u> </u> Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire			
	<input checked="" type="checkbox"/> Law			
	<input type="checkbox"/> Other			
	Explain: <u> </u>			

County: Calaveras County

Reporting Year: 2018

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	Calaveras County Sheriff Department,		Primary Contact:	Wade Whitney
Address:	Communications Center			Alana McManus
	Government Center			
	San Andreas, CA. 95249			
Telephone Number:	209-754-6500			
Fax:				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u> 12 </u> EMD Training	<u> </u> EMT-D
			<u> </u> BLS	<u> </u> LALS
				<u> </u> ALS
Ownership:		If Public:		<u> </u> Other
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County	<input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		<input checked="" type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain: _____		

County: Mariposa County

Reporting Year: 2018

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name: California Department of Forestry Primary Contact: Tori Keith
Emergency Communication Center Scott Deaver
Address: 5366 Highway 49 North
Mariposa, CA. 95338
Telephone Number: 209-966-3803
Fax: _____
Written Contract: Medical Director: ☒ Day-to-Day
☐ Yes ☒ No ☐ Yes ☒ No ☒ Disaster
Number of Personnel Providing Services:
____12____ EMD Training _____ EMT-D _____ ALS
____ BLS _____ LALS _____ Other
Ownership: If Public:
☒ Public ☐ Private ☒ Fire
☐ Law
☐ Other
Explain: _____
If Public: ☐ City ☒ County ☐ State ☐ Fire District ☐ Federal

County: Stanislaus County

Reporting Year: 2018

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name:	Valley Regional Emergency Communication Center (VRECC)		Primary Contact:	Richard Silva	
Address:	4701 Stoddard Road			Cindy Woolston	
	Modesto, CA. 95367				
Telephone Number:	209-236-8302				
Fax:					
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster			
			<u>72</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:			
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: _____			